1. DATE: 9 June 1993

SECURITY CLASSIFICATION: UNCLASSIFIED

TYPE: Congressional Report

ADDRESSEE: Chairman, Committee on Appropriations, House of

Representatives, Washington, D.C.

ORIGINATOR: Office of the Coordinator, Drug Enforcement Policy

and Support

SUBJ / TITLE: Civilian Drug Free Workplace Report

2. DATE: 28 April 1992

SECURITY CLASSIFICATION: UNCLASSIFIED

TYPE: Congressional Report

ADDRESSEE: Chairman, Committee on Appropriations, House of

Representatives, Washington, D.C.

ORIGINATOR: Office of the Coordinator, Drug Enforcement Policy

and Support

SUBJ / TITLE: Civilian Drug Free Workplace Report

3. DATE: August 23, 1988 with Change 1 of January 20, 1992

SECURITY CLASSIFICATION: UNCLASSIFIED TYPE: Department of Defense Directive

ADDRESSEE: DoD

ORIGINATOR: Coordinator, Drug Enforcement Policy and Support SUBJ / TITLE: DoD Civilian Employee Drug Abuse Testing Program

4. DATE: Undated

SECURITY CLASSIFICATION: UNCLASSIFIED

TYPE: Representative DoD Civilian Drug Free Workplace Plan

ADDRESSEE: Washington Headquarters Service Employees

ORIGINATOR: Washington Headquarters Service

SUBJ / TITLE: DRUG-FREE WORKPLACE PLAN

5. DATE: June 1990

SECURITY CLASSIFICATION: UNCLASSIFIED

TYPE: Procedures Manual for representative DoD Civilian Drug

Testing Program.

ADDRESSEE: Washington Headquarters Service Employees

ORIGINATOR: Washington Headquarters Service

SUBJ / TITLE: DRUG-FREE WORKPLACE PLAN PROCEDURES MANUAL

6. DATE: Oct 1992 - Mar 1993

SECURITY CLASSIFICATION: UNCLASSIFIED

TYPE: Semi annual reports

ADDRESSEE: Substance Abuse and Mental Health Services

Administration

ORIGINATOR: Services, Agencies and other DoD organizations

SUBJ / TITLE: DRUG-FREE WORKPLACE SEMI-ANNUAL REPORTS

Attachment 1



OFFICE OF THE DEPARTMENT OF DEFENSE COORDINATOR FOR DRUG ENFORCEMENT POLICY AND SUPPORT WASHINGTON. DC 20301-1510



9 JUN 1993

Honorable William H. Natcher Chairman Committee on Appropriations House of Representatives Washington, DC 20515-2401

Dear Mr. Chairman:

In accordance with Public Law 100-71, Supplemental Appropriations Act of 1987, Section 503(f), I submit the required Department of Defense report on civilian drug testing programs.

We will be pleased to provide any further information that you might require. An identical report has been forwarded to the Chairman, Senate Committee on Appropriations.

Sincerely,

Robert J. Newberry, Col, USAF Acting DoD Drug Coordinator

Enclosure As stated



OFFICE OF THE DEPARTMENT OF DEFENSE COORDINATOR FOR DRUG ENFORCEMENT POLICY AND SUPPORT WASHINGTON. DC 20301-1510



9 JUN 1993

Honorable Robert C. Byrd Chairman Committee on Appropriations United States Senate Washington, DC 20510-4801

Dear Mr. Chairman:

In accordance with Public Law 100-71, Supplemental Appropriations Act of 1987, Section 503(f), I submit the required Department of Defense report on civilian drug testing programs.

We will be pleased to provide any further information that you might require. An identical report has been forwarded to the Chairman, House Committee on Appropriations.

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Robert Newberry, Col, USAF Acting BoD Drug Coordinator

Enclosure As stated

DEPARTMENT OF DEFENSE

REPORT TO SATISFY THE REQUIREMENTS OF

SECTION 503(f) OF THE

SUPPLEMENTAL APPROPRIATIONS ACT OF 1987,

P.L. 100-71

The attached information responds to the reporting requirement set forth in the Supplemental Appropriations Act of 1987, P.L. 100-71. This report is submitted to Congress in response to the requirements of Section 503 (f) of the Act. The Act requires this report (relating to drug testing activities) from each agency covered by Executive Order 12564.

Following is a description of each of the DoD components that have civilian drug testing plans certified by the Department of Health and Human Services. The Civilian Drug-Free Workplace program is managed through the office of the Department of Defense Coordinator for Drug Enforcement Policy and Support. Approximately 10% of the total Department of Defense civilian work force is eligible for testing. Job functions associated with those personnel in testing-designated positions are positions that have a direct and immediate impact on public health and safety, the protection of life and property, law enforcement or national security. In FY92, less than one percent of those persons tested have tested positive.

Department of the Army

The Department of the Army, the first federal agency to begin drug testing in 1986, continues to move forward in establishing a safe and drug free workplace for all personnel. In FY92, of those civilian employees in testing designated positions (TDPs), a minimal number of positives were recorded. For the last three fiscal years, the drug positivity rate for civilian employees in the TDPs has remained low. Initiatives begun during the past fiscal year to increase the number of testing designated positions and enhance the Army's Federal Drug-Free Workplace Program are now being finalized.

Department of the Navy

During FY92, the Department of the Navy continued its drug testing program on civilian employees in specially designated positions. A positive rate of less than one percent occurred. On 14 August 1992, the U.S. District court, Northern District of California issued a decision which granted summary judgement in favor of the Department of the Navy to allow post-accident testing and the random testing of employees in additional testing designated positions. The newly approved TDPs include medical positions which provide direct patient care as well as other wage grade positions. Employees who test positive continue to be referred to the Civilian Employee Assistance Program and disciplined for illegal drug use.

Department of the Air Force

The Air Force Civilian Drug Testing Program was initiated in January of 1990. It has been fully implemented at 99% of the Air Force bases. Negotiations with local union officials at the remaining two bases continues with 100% implementation expected shortly. Of those personnel identified as testing designated positions, fewer than one percent have resulted in illegal positives.

In the Spring of 1990, suit was filed against the Air Force on behalf of the unions in the District Court of California, Eastern District. During the Summer of 1990, the Court ordered the on-going drug testing litigation be resolved through motion rather than through trial. A hearing was held in December 1990. In September 1992, the Court upheld the following ruling: random testing will be allowed to continue; limited reasonable suspicion testing for non-TDPs when improper or unacceptable job conduct is exhibited; limited conditions for visual monitoring of urination (suspected adulteration or tampering); and upheld limiting postaccident or safety mishap testing when sufficient evidence exists indicating the employee may have caused the accident in question. The Court however did remove three tool makers at Eglin AFB, FL, as well as any medical officers performing exclusively administrative and or research functions from the test pool.

The exact terms of the Court decision will be included in the next update of the Air Force Civilian Drug Testing Plan. These proceedings have not been seen as adversely impacting the management or administration of the Air Force Civilian Drug Testing Program.

Defense Contract Audit Agency (DCAA)

The Defense Contract Audit Agency is responsible for performing all necessary contract audits and providing accounting and financial advisory services regarding contracts and subcontracts to all DoD components responsible for procurement and contract administration. The DCAA began active testing during FY91 and continues conducting random testing of its testing designated positions. The testing designated pool consists of all DCAA employees holding active security clearance. To date, there have been no tests resulting in a confirmed positive. Due to the shortage of hiring, the number of applicants tested has been minimal; none have tested positive. DCAA has performed the requisite quality control tests along with its random and applicant testing. AFGE filed a civil suit in U.S. District Court over DCAAs inclusion of employees with a "confidential" security clearance in the random testing pool. This litigation is ongoing.

Department of Defense Dependents Schools (DoDDS)

The Department of Defense Dependents Schools (DoDDS), administers an educational system for those in kindergarten through grade 12 who are minor dependents of both military and civilian DoD personnel stationed overseas. The DoDDS drug testing regulations have been re-written to comply with the latest policy guidance from the National Drug Control Policy (ONDCP). Testing resignated Positions (TDPs) have been considerably narrowed and now apply to fewer than 100 overseas positions. DoDDS is currently working on an agreement with Army, Navy, and Air Force for the use of their employee assistance programs consisting of: collection, transportation, and processing of specimens. Supervisor and employee training/education include types and effects of drugs, symptoms of drug use, treatment and rehabilitation programs, the distribution of written materials, and video presentations.

Defense Intelligence Agency (DIA)

The Defense Intelligence Agency is responsible for satisfying foreign intelligence requirements of the Department of Defense. Although the Defense Intelligence Agency is exempt from Executive Order 12564, the Agency developed a Drug-Free Federal Workplace Program which began in September 1989 and provides for applicant, reasonable suspicion, random, follow-up and unsafe practice testing. Random testing, which was initially deferred, was implemented in August 1992. Additional program elements include the Employee Assistance Program (EAP), supervisory training, and employee awareness initiatives. The number of employees participating in the EAP as a direct result of illegal drug use is negligible.

Defense Investigative Service (DIS)

The Defense investigative Service conducts all Personnel Security Investigations for DoD Components and, when appropriate, for other U.S. Government activities. During FY92, DIS greatly increased the number of random drug tests performed in the pool of testing designated positions (TDPs). At the end of the fiscal year, the Director, DIS, increased the random testing base. To date, there have been no positive tests. DIS has had no occasion to perform anything other than random testing during FY92. Due to a stringent hiring freeze and the overall effects of the drawdown, DIS has not implemented outside applicant testing. DIS is working with OPM and a private contractor to produce a drug program training video and training session for DIS employees and supervisors. This is being done to allow for increased acceptance and understanding of the drug testing program.

Defense Information Systems Agency (DISA)

A principle mission of DISA is to provide systems engineering and technical support of high priority communications-electronics established for command and control of our nation's military forces by the President, Secretary of Defense, and Joint Chiefs of Staff. During FY92, DISA continued its efforts to foster a drug-free workplace by redefining the pool of testing-designated positions (TDPs) to include all positions requiring Secret or higher security clearances. Applicant and random testing were conducted in compliance with Executive Order 12564 and the mandatory guidelines for civilian drug testing programs established by the Department of Health and Human Services. Of the tests conducted in FY92, none resulted in a confirmed positive.

Defense Logistics Agency (DLA)

The Defense Logistics Agency provides worldwide logistics support for Department of Defense missions. DLA has a centralized civilian employee drug testing program with a full-time Drug Testing Operations Officer located at the DLA Civilian Personnel Service Support Office in Columbus, Ohio. Program policy guidance is provided by the DLA Headquarters Office of Civilian Personnel. FY92 was the second full year of testing under the DLA Civilian Employee Drug Testing Program. A notable decrease in the number of positives occurred from the previous year.

Due to new mission assumptions, the Agency's TDP pool has grown. On 18 Jun 1992, the Plane v. USA lawsuit, filed against DLA by AFGE Local 1626 in the Western District Court of Michigan, was resolved in the Agency's favor, thus opening the way for implementation of reasonable suspicion and post-accident testing. Once the start of new program guidelines begin, (during the second quarter of FY93), the DLA Civilian Employee Drug Testing Program will be considered fully operational.

Defense Mapping Agency (DMA)

The Defense Mapping Agency (DMA) Drug-Free Workplace Plan was fully implemented in October 1989. The DMA Plan was issued in accordance with Executive Order 12564. DMA is a Combat Support Agency engaged in the production and distribution of maps, charts, precise positioning data and digital data for strategic and tactical military operations and weapons systems guidance. Most positions require a background investigation with Top Secret clearance and access to Sensitive Compartmented Information. The DMA Plan includes policies and procedures for:

(1) Employee Assistance Program (EAP), including mandatory

referral for rehabilitation on a first positive drug test result; (2) supervisory training; (3) employee education; and (4) identification of illegal drug use through drug testing on a carefully controlled and monitored basis, to include random testing of employees in Testing Designated Positions. In FY92, DMA random tests resulted in less than one percent positive.

Defense Nuclear Agency (DNA)

The Defense Nuclear Agency conducts research and development activities for operational matters. Additionally, DNA is responsible for matters concerning survivability, effectiveness, nuclear weapon use, and nuclear weapons effects on weapons systems and forces. The Defense Nuclear Agency Drug-Free Workplace Plan includes policies and procedures for employee assistance/counseling; supervisory training; employee education and identification of illegal drug use through drug testing on a carefully controlled and monitored basis. During FY92, those employees who were randomly tested produced no positive results. In meeting new guidance established by ONDCP, DNA revised its testing-designated positions (TDPs) pool to include employees holding Secret security clearances. Education and training of supervisors as well as employees is a continuing process at DNA.

National Security Agency (NSA)

The National Security Agency (NSA) is responsible for centralized coordination, direction, and performance of highly specialized intelligence functions in support of U.S. Government activities. NSA began its civilian testing program in September 1988. Although NSA is exempt from Executive Order 12564, it has developed a drug testing program that applies to applicants; employees who, as previous drug users, sign an Employment/Access Agreement at time of hire to refrain from drug use and to remain subject to follow-up testing for a period of five years; employees who may be the subject of a security investigation, job-related accident, or unsafe practice; and, employees under reasonable suspicion of drug abuse. In FY92, none of the employees tested positive.

Office of the Inspector General (OIG)

The Office of the Inspector General (OIG) conducts, supervises and initiates audits and investigations relating to the administration of programs and operations while keeping the Secretary of Defense and Congress fully informed of problems or deficiencies. The OIG updated its Drug-Free Workplace Plan listing of Testing Designated positions (TDPs) in April 1992 using Office of National Drug Control Policy criteria. The

majority of positions meet the TDP definition since they are sensitive positions requiring Secret or higher clearance. Since December 1990, the OIG has conducted applicant testing for all employees tentatively selected for Testing Designated Positions. Monthly random drug testing began in March 1991. During FY92, random drug testing resulted in a minimal number of positives. The OIG provides continued training and education through supervisory sessions, articles and educational material.

Office of the Secretary of Defense/the Joint Staff (OSD/JS)

Washington Headquarters Services (WHS) provides administrative and operational support to the Office of the Secretary of Defense and the Joint Staff. During FY92, the drug testing program for the Office of the Secretary of Defense and the Joint Staff became more effective and efficient by transferring its testing function to a new laboratory, Northwest Toxicology Inc., Salt Lake City, Utah. As a result, the time span from point of collection to receipt of results decreased substantially. Drug abuse educational material continues to be provided throughout the year for both supervisors and employees through regular mail distribution, in-house publications, and individual requests. In the tests conducted during FY92, none tested positive.

Uniformed Services University of the Health Sciences (USUHS)

The Uniformed Services University of the Health Sciences is the Nation's federal university for education and research in military and disaster medicine as well as the health sciences. Efforts are currently underway to expand the USUHS testing designated position pool. To date, there have been no positive test results. Education and training for USUHS' employees and supervisors in their responsibilities and expectations of the Drug-Free Workplace Program is offered throughout the year.



OFFICE OF THE DEPARTMENT OF DEFENSE COORDINATOR FOR DRUG ENFORCEMENT POLICY AND SUPPORT WASHINGTON. DC 20301-1510



04 MAY 1993

MEMORANDUM FOR OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE (LA)

ATTENTION: LTC JOE BOESSEN OFFICE OF THE GENERAL COUNSEL

ATTENTION: AL DYSON

SUBJECT: Civilian Drug-Free Workplace Program Report

Please coordinate on the attached annual report. The Services and the Defense Agencies provided the input.

Thank you.

Sharon H.' Cooper

Director Demand Reduction

Attachment: As Stated

Coordination 18 May 93

- (2) Procedures for retention and retesting of specimens confirmed as positive.
- (3) Procedures for providing urine specimens that allow individual privacy, unless there is reason to believe that a particular individual may alter or substitute the specimen to be provided.
- (4) Procedures to protect the confidentiality of test results, under 5 U.S.C 552a and 7301 (reference (c)), and related medical and rehabilitation records consistent with applicable law and regulation.

2. Personnel Actions

a. Drug Use Determination. The determination that an applicant or employee has used illegal drugs may be made on the basis of direct observation, a criminal conviction, confirmed positive results of a test conducted under the DoD Component's drug testing program, the employee's own admission, or other applicable evidence. Actions taken against an employee, on a finding of illegal drug use under 5 U.S.C 75 (reference (c)), must be supported by the evidence.

b. Applicants

- (1) Applicants who are not current employees and who refuse to be tested must be refused that employment.
- (2) All applicants with verified positive test results shall be refused employment. Applications from such individuals shall not be considered for employment for a period of 6 months from the date of the test results.
- c. DoD Components, in addition to any applicable personnel actions, shall refer any employee found to have used illegal drugs to an EAP for assessment, counseling, and, if applicable, referral for treatment or rehabilitation. Employee participation in treatment or rehabilitation programs through the EAP does not prevent the DoD Component from initiating any disciplinary action authorized on a finding of illegal drug use, including removal from Federal service.
- d. DoD Components shall not allow any employee to remain on duty in a sensitive position who is found to use illegal drugs before successful completion of rehabilitation through an EAP. As part of a rehabilitation or counseling program, the Secretary of Defense, or the head of each DoD Component, may allow an employee to return to duty in a sensitive position if it is determined that this action should no longer pose a danger to public health or safety or to U.S. national security.
- e. DoD Components shall initiate action to discipline any employee found using illegal drugs provided that such action is not required for an employee who does the following:
- (1) Voluntarily identifies himself or herself as a user of illegal drugs or who volunteers for drug testing under paragraph E.E.c., above, before being identified through other means.

G. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. DoD Components shall forward two copies of implementing documents, reflecting any changes to existing civilian employee drug abuse programs necessitated by this Directive, to the Assistant Secretary of Defense (Force Management and Personnel) within 120 days. Dod Coercinator for Drug Enforcement Policy and Support

William H. Taft, IV

Deputy Secretary of Defense

Enclosures - 3

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- 1. References
- 2. Definitions
- 3. Findings by the President

REFERENCES, continued

- (e) Executive Order 12333, "United States Intelligence Activities," December 4, 1981
- (f) Public Law 95-454, "Civil Service Reform Act of 1978," October 13, 1978
- (g) Title 5, Code of Federal Regulations, Parts 752.203 and 752.404
- (h) Title 21, United States Code, Chapter 13
- (i) Title 21, United States Code, Section 802(6)
- (j) DoD Directive 1010.6, "Rehabilitation and Referral Services for Alcohol and Drug Abusers," March 13, 1985
- (k) Federal Personnel Manual (FPM) Supplement 792-2, February 29, 1980
- (1) Executive Order 10450, "Security Requirements for Government Employment," April 27, 1953
- (m) Executive Order 12356, "National Security Information," April 2, 1982

DEFINITIONS

. Or nonappropriated

1. DoD Civilian Employee. A DoD employee paid from appropriated funds.

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- 2. Employee Assistance Programs (EAPs). DoD Component-based counseling programs that offer assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, and mental health problems that affect employee job performance. EAPs are responsible for referring employees who are abusing drugs for rehabilitation and for monitoring employees' progress while in treatment as set forth in DoD Directive 1010.6 (reference (j)).
- 3. <u>Illegal Drugs</u>. A controlled substance included in Schedule I or II, as defined by 21 U.S.C. 802(6) (reference (i)), the possession of which is unlawful under Chapter 13 of 21 U.S.C. (reference (h)). The term "illegal drugs" does not mean the use of a controlled substance under a valid prescription or other use authorized by law.
- 4. Random Testing. A system of drug testing imposed without individualized suspicion that a particular individual is using illegal drugs. Random testing either may be testing of testing-designated employees occupying a specified area, element, or position, or may be statistically random sampling of such employees based on a neutral criterion; i.e., social security numbers.
- 5. Reasonable Suspicion. An articulable belief that an employee may have used illegal drugs, among other things, based on the following:
- a. Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.
 - b. A pattern of abnormal conduct or erratic behavior.
- c. Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking.
- d. Information provided either by reliable and credible sources or independently corroborated.
- e. Newly discovered evidence that the employee has tampered with a previous drug test.
- 6. Sensitive Position refers to the following:
- a. An employee in a position that a DoD Component Head designates Special-Sensitive, Critical-Sensitive, or Noncritical-Sensitive, under the FPM Supplement 792-2 (reference (k)), or an employee in a position that a DoD Component Head designates as sensitive in accordance with E.O. 10450, as amended (reference (1)).
- b. An employee who has been granted access to classified information or may be granted access to classified information under a determination of trustworthiness by a DoD Component Head under E.O. 12356 (reference (m)).
 - c. Individuals serving under Presidential appointments.

FINDINGS BY THE PRESIDENT

- A. Drug use is having serious adverse effects on a significant proportion of the U.S. work force and results in billions of dollars of lost productivity each year.
- B. The Federal Government, as an employer, is concerned with the well-being of its employees, the successful accomplishment of Agency missions, and the need to maintain employee productivity.
- C. The Federal Government, as the largest employer in the United States, may and should show the way towards achieving drug-free workplaces through a program designed to offer drug users a helping hand and, at the same time, demonstrate to drug users and potential drug users that drugs shall not be tolerated in the Federal workplace.
- D. The profits from illegal drugs provide the single greatest source of income for organized crime, fuel violent street crime, and otherwise contribute to the breakdown of society.
- E. The use of illegal drugs by Federal employees, on or off duty, is inconsistent not only with the law-abiding behavior expected of all citizens, but also with the special trust placed in such employees as servants of the public.
- F. Federal employees who use illegal drugs, on or off duty, tend to be less productive, less reliable, and prone to greater absenteeism than their fellow employees who do not use illegal drugs.
- G. The use of illegal drugs, on or off duty, by Federal employees impairs the efficiency of Federal Departments and Agencies, undermines public confidence in them, and makes it more difficult for other employees who do not use illegal drugs to perform their jobs effectively. The use of illegal drugs by Federal employees, on or off duty, also may pose a serious health and safety threat to members of the public and to other employees.
- H. The use of illegal drugs by Federal employees, on or off duty, in certain positions evidences less than the complete reliability, stability, and good judgement that is consistent with access to sensitive information and creates the possibility of coercion influence, and irresponsible action under pressure that may pose a serious risk to U.S. national security, the public safety, and the effective enforcement of the law.
- I. Federal employees who use illegal drugs must be primarily responsible for changing their behavior and, if necessary, begin the process of rehabilitating themselves.

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DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL

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NUMBER

DATE

DISTRIBUTION

1010.9, Change 1

January 20, 1992

1000 Series

ATTACHMENTS

Pages 1 and 2

INSTRUCTIONS FOR RECIPIENTS

The following page and pen changes to DoD Directive 1010.9, "DoD Civilian Employee Drug Abuse Testing Program," August 23, 1988, are authorized:

PAGE CHANGES

Remove: Pages 1 and 2

Insert: Attached replacement pages

Changes appear on pages 1 and 2 and are indicated by marginal asterisks.

PEN CHANGES

Page 3

Subsection E.5 Renumber "5." to "4."

Subsection E.6. Renumber "6." to "5."

Subparagraph E.5.a.(2), line 1. After "(2)" insert "Employee Assistance Programs" and enclose "EAPs" within parentheses.

Paragraph E.5.d., line 2. Change "E.6.b." to "E.5.b"

Page 4

Subsection F.1., line 7. Change "E.6.e." to "E.5.e."

Page 5

Subparagraph F.2.e.(1), line 2. Change "E.6.c." to "E.5.c."

Page 7

Section G. line 4. Change "Assistant Secretary of Defense (Force Management and Personnel)" to "DoD Coordinator for Drug Enforcement Policy and Support"

Page 2-1

Definition 1. After "appropriated" insert "or nonappropriated"

Page 2-2

Definition 7., line 3. Change "E.6.b." to "E.5.b."

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT



Department of Defense

DIRECTIVE

August 23, 1988# NUMBER 1010.9

CDEP&S

SUBJECT: DoD Civilian Employee Drug Abuse Testing Program

References:

- (a) DoD Directive 1010.9, "DoD Civilian Employee Drug Abuse Testing Program," April 8, 1985 (hereby canceled)
- (b) Executive Order 12564, "Drug-Free Federal Workplace," September 15, 1986
- (c) Title 5, United States Code, "Privacy Act," Sections 75, 552(a), 7301, (Supp 1987), and 8331 (20)
- (d) Public Law 253, 80th Congress, "National Security Act of 1947," June 26, 1947, as amended
- (e) through (m), see enclosure 1

A. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to:

- 1. Update the establishment of the DoD Civilian Employee Drug Abuse Testing Program under references (b) and (c).
- 2. Update policy, prescribe procedures, and assign responsibilities for drug abuse urinalysis testing for DoD civilian employee (hereafter referred to as "employees").

B. APPLICABILITY AND SCOPE

This Directive:

- 1. Applies to the Office of the Secretary of Defense (OSD), the Military Departments (including their Reserve components), the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Unified and Specified Commands, and the Defense Agencies (hereafter referred to collectively as "DoD Components"). Testing of foreign national employees stationed outside the United States may be conducted under this Directive only as authorized by and consistent with intergovernmental and labor agreements negotiated on a country-by-country basis.
- 2. Shall not be deemed to limit the authorities of the Director of Central Intelligence under "The National Security Act of 1947" (reference (d)), as amended, or the statutory authorities of the National Security Agency (NSA) or the Defense Intelligence Agency (DIA). Implementation of this Directive within the Intelligence Community, as defined in Executive Order 12333, (reference (e)), shall be subject to the applicable provisions of 5 U.S.C. 7301 (reference (c)).

The <u>Secretary of the Army</u> is responsible for specimen collection, laboratory testing, and ancillary administrative requirements for employees of OSD and DoD Activities. An applicable memorandum of understanding (MOU) shall be entered into by the Secretary of the Army and the Director, WHS, for this purpose.

5 6. The Heads of DoD Components:

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- a. Shall develop a plan and implementing documents for achieving the objective of a drug-free workplace with due consideration to the rights of the Government, the employee, and the general public. Prior to implementation, the plan and the implementing documents shall include the following:
- (1) A statement of policy on the DoD Component's expectations on drug use and the action to be anticipated in response to identified drug use.

 Employee Assistance Programs
- (2) (EAPs) emphasizing education and counseling, to include referral where applicable to rehabilitative treatment and programs in accordance with available community resources.
- (3) Supervisory training to assist in identifying and addressing illegal drug use by DoD Component employees.
- (4) Provision for self-referral and supervisory referral to treatment with maximum respect for individual confidentiality consistent with safety and security.
- (5) Provision for identifying users of illegal drugs, including testing on a controlled and carefully monitored basis in accordance with this Directive.
- (6) The positions designated for random drug testing along with the criteria and procedures applied in designating such positions for drug testing, including the justification for such criteria and procedures.
- b. Shall establish a program for random testing of employees in sensitive positions for the use of illegal drugs. Testing-designation positions are positions that have been designated for random testing. The extent to which such employees are tested and the criteria for such testing shall be determined by the Head of each DoD Component, based on the DoD Component's mission and its employees' duties, the efficient use of DoD Component resources, and the danger to public health and safety or to U.S. national security that might result from the failure of an employee to discharge his or her position adequately.
 - c. Shall establish a program for voluntary employee drug testing.
- d. Are authorized, in addition to the testing program established under paragraph E. b., above, to test any employee for illegal use under the following circumstances:
- (1) When there is a reasonable suspicion that any employee uses illegal drugs.

The Office of the Secretary of Defense Organization of the Joint Chiefs of Staff

DRUG-FREE WORKPLACE PLAN



Director
Washington Headquarters Services

The Office of the Secretary of Defense Organization of the Joint Chiefs of Staff

DRUG-FREE WORKPLACE PLAN

PROCEDURES MANUAL

Directorate for Personnel and Security, WHS FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD October 1, 1992 - March 31, 1993

REPORT DUE: JULY 2, 1993

Return signed and completed form to:

Joseph H. Autry III, M.D.

Orector, Division of Workplace Programs

SAMHSA

S600 Fishers Lane, Rm 9-A-53

Rockville, Maryland 20857

SAMHSAOWP FAX (301) 443-2636

EDITECT DIVISION SATE 100

KOR ACTION COMP.

Part I. General Information

Name Title Agency	PRIMARY LIAISON Terri Taylor Employee Relations Specialist Department of Defense Dependents Scho 2461 Eisenhower Ave.	ols	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense Public Health/Safety	
Address Telephone	Alexandria Va 22331-1100 City: Alexandria State: VA Zip: 22331-11 (703)325 - 8660 FAX (703) 325		Other	
Telephone	pared by: Terri Taylor (703)325 -8660 FAX (703)325 ared 6 / 30 93	- - 805	4	

William B. Medlin
Signature of Agency Head or Senior Policy Official

Chief, MER/Productivity
Official Title

CONTROL INFORMATION - FOR SAMHSAMSE ONLY.

AGENCY - ID ______

DATE RECEIVED / /93 INITIALS _____

DATE ENTERED / /93 INITIALS _____

Date Plac Certified / /

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a Indicate the statement which bes	it describes the status	of your plan certif	cation during this	s reporting period.
1. Plan has not been submitte 2. Plan has been submitte X 3. Plan has been certified 4. Other (Please attach de	d to HHS and reviews or agency is a Tier II (d	are in progress		(Survey completed) {Survey completed}
b. Indicate the types of testing inclu	ided in your plan (chec	ck all that apply).		
X 1. Reasonable suspicion X 4. Volunteer	X 2. Accident or to X 5. Follow-up	unsafe practice	X 3. Randon X 6. Outside	selection applicant X 7. Inside applicant
c. Was plan fully implemented (inc Yes {SKIP TO 3.a}	<u>X</u> No			
a Were all non-testing componentYes	s of your plan (e.g. EA XNo	Ps, training etc.) f	ully implemented	I during this reporting period?
b. Are any prerequisites to testing If yes, check all that apply. 60-day notice Services of a certified labo Source for quality control s Other (Please specify)	ratory.	30-day n		riew Officer
c. Are there restrictions or holds of	on one or more types o	of testing?	Yes	X No (Skip to 3a)
d. For each type of testing, indica columns under *status of testing	g" for each type of test	ting included in yo	ur agency plan.	
<u></u>	Status of testing (Check ap	propriate column(s) or	specify other reason	(8))
	illy partial partial plemented	OINED L	ial full Ot	her reasons not implemented EASE DESCRIBE) See "e" below
Reasonable suspicion	ристивно			
Accident or unsafe practice				
Random selection			<u>_</u>	
Volunteer		•		
Follow-up Outside applicant		:	:	
Inside applicant				
of specimens; for c medical review and	negotiation, briefly dected, and the projecter rking agreement stance programs hain of custody notification of	scribe below the red date for the rem ts with Army s; collection y of all spe t DODDS or the script of the script	nature of the dela oval of the restrict, Navy, and on, transpo- cimens; fo cest result	y, is cause, ction. d Air Force to use rtation, and processing r confidentiality, s. Supervisor and
				allected.
b. If no, what were the reasons?	AL			
XX Reason stated in question				
No situation arose which o				
Other (Please describe)				

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Part III Op	erations	Profile
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Please provide the following information relating to the total number	r of: ensitive positions 85		c. TDPs 85
a. Full-time equivalents (FTEs) b. E.O. 12564 Sc	(Number of pos	icians)	(Number of positions)
	A if not an to ques	stion 5.	
your agency tested this period, answer questions 2	H, Il liot, go to ques		
Percent of TDPs tested	b. Actual this reporting	nariod 9	v .
a. Per year according to your plan%	b. Actual this reporting	period	•
According to your plan, what is the number of times per year your		mples?	
If your plan includes inside applicant testing, which positions are	subject to that testing?		
All Positions All TDPs	Some TUPS		
b. If your plan includes outside applicant testing, which positions a	re subject to that testing?		
All Positions All TDPs	Some TDPs		•
Enter the number of positions defined as sensitive by section 7(d)	of E.O. 12564 and the n	umber of	
positions designated as TDPs.			-
Programme designation as the di	Number in	Number	
ATEGORIES of Sensitive Positions Defined by E.O. 12564	Sensitive	Selected as	
ATEGORIES OF SENSITIVE POSITIONS Demines by E.S. 1200	Positions	TDPs	4
. Designated by agency head as Special Sensitive,			
Critical-Sensitive, or Noncritical-Sensitive	85	85	
FPM Chapter 731 or in accordance with E.O. 10450)		85	-
2. Positions with access to classified information	85	0,0	
3. Presidential Appointees			-
4. Law enforcement officers (5 USC 8331(20))(5 USC 8401(17))*	VVVVVVVV	XXXXXXXXXX	v al
5. Other positions, as determined by the agency head:	,	7-	7
a. Law enforcement			
b. National security			
c. Protection of life and property			
d. Public health or safety	:	;	
e. Other (Please specify)			
The second citation is not included in E.O. 12564.			
f your agency tested this period, answer questions	6-7, if not, go to que	estion 8.	
. Indicate the types of drugs to be tested in accordance with your A(a) Cocaine(b) Marijuana(c) Amphetamines	(a) objected	(e) PCP	
Please specify others: (f)(g)			
a During this period how many blind quality control specimens (Q	(Cs) were submitted to the	e laboratory?	recorted to the MF
Please indicate the composition (negative and positive) of the Number of: Negative Positive Total			· · · · · · · · · · · · · · · · · · ·
Specimens			
Correct responses			
c. If there were unacceptable blind QC results, would the MRO itAlwaysSometimesNever	nvestigate and document	all the results?	
d. If "always" or "sometimes", who is responsible for maintaining Agency MRO Agency Pnmary Liaison	these documents?		.* .#*

AGENCY DODDS		SEMI - ANNUAL REPORT:	October 1, 1992 - Mar	rch 31, 1993
Part III Operations Profile	CONTINUED		·	
Has your agency adopted and together (this does not include	riding another agent	piggybacked another plan) cy's contract or if another a specify which Agency plar	gency performs the ser	dministered vices)?
9. Specify the names of the cont	ractors (1a) or the na	ames of the agencies (1b,2	(3) that provide the drug	g testing services:
	a. Collection	b. Laboratory	C. MRQ	d. Blind quality control
1. Contract with (specify)	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	************	<u> </u>
g. Private firm				
b. Public agency				
2. Riding another agency	1			
3. Inhouse				
X Agency's substance a X Types and effects of o X Symptoms of drug using the EAX Relationship of the EAX Relevant treatment, red. Check all the forms of educing the EAX Distribution of written and address illegal drug using the period drug-free workplace progent (1) Number of supervisions and address illegal drug using the period drug-free workplace progent (2) Number of supervisions and address illegal drug using the period drug-free workplace progent (3) Number of supervisions and address illegal drug using the period drug-free workplace progent (3) Number of supervisions and address illegal drug using the period drug-free workplace progent (3) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and address illegal drug using the period drug-free workplace progent (4) Number of supervisions and drug-free workplace progen (4) Number of supervisions and drug-free workplace progent (4)	I how many employe ects of illegal drugs a set of the employee drugs and effects on perfection that apply: material d presentations d a continuing training the by employees: d how many supervisions of the supervisory early early end of assist the EAP and effects on perfect of the EAP of workplace and followed the early end of the end of the early end of the end of the early end of the end of	es have been provided with and/or other aspects of you and/or other aspects of you be precent of total employed geducation program (check program ormance and conduct grogram nitiality issues X Audio or video program No sors received training on the Percent of total supervised ducational and training program and program formance and conduct stance by up hat apply: audio or video programs of current employees and stance of current employees a	Agency's drug-free words 75 % call that apply): ograms areness promotions for supervisors to help to the Agency's % gram (check all that apply): X Group discussions to E.O. 12564.	hem identify ply):
13. Does your agency provide a on the effects of illegal drug	gs and and/or other a	ge and/or training for new easpects of the Agency's dri	ug-free workplace plan?	pervisors)

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Part IV Cost and Pricing Profile SEE ITEM 2E
1. Specify contract pricing for: Laboratory services Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. Separate pricing, i.e., individual fees charged for initial and confirmation tests.
2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required? YesNo
 b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug? YesNo
On average, how many days between specimen collection and notification of testing results? Calendar days
4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term "extraordinary" is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.
a. Do any of your TDPs work at extraordinary locations? Yes X No {skip to Page 5} Please describe "extraordinary" locations.
Please provide the following information about TESTING at extraordinary sites:. b Total TOPs at extraordinary locations c Total number of individuals tested at extraordinary sites
d. Were additional costs associated with specimen collection at these sites? If yes, what was the total cost of collection at these extraordinary sites \$
e. Describe what methods are taken to minimize additional costs at extraordinary sites.
PROCEED TO PAGE 5

AGENCY DODDS

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Part IV Cost and Pricing Profile CONTINUED SEE ITEM 2E

Use Worksheets on Page 6 for o	Total	Total	Average	Unit of Costs	
	Total	Total		Unit of Costs	
	Total	Total		Cilii th Coata	
	Total	: Total		(e.g., hours.	
			Cost per	1	Additional Comments (for this item only)
	Costs	Units	Unit	years, per test)	000000000000000000000000000000000000000
STING COSTS	XXXXXX	OXXXXXXXX		<u></u>	
Specimen collection					
Laboratory Tests (flat fee)	<u> </u>				
Initial test				<u> </u>	
Confirmation test (flat fee)					
Negalive test				!	
Positive test	<u> </u>			1	
Quality control samples					
MRO (flat fee)					
Review of negatives			<u> </u>		
Review of positives	1				
Other direct TESTING costs*	1			000000000000000000000000000000000000000	
Administrative TESTING costs*	:			000000000000000000000000000000000000000	
. Total costs (items a-L)		XXXXXXXX	XXXXXXXXXXXX	000000000000000000000000000000000000000	
If there is any office in your age AGENCY-WIDE Drug Educatio \$(a) F	on, indicate th	w actual educati	on costs or be	st estimates by the s	GENERAL cource of that education.

if not, proceed to Page 7 Part VI.

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Column (1) - Provide costs for those items directly related to the testing process and not part of items say, Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item ("REF") column. (1) (2) COST CATEGORIES i. Specimen kits and other miscellaneous collection materials a. Shipping costs iii. Bar coding of samples iv. Electronic transfer of lest results v. Handling costs for rejected specimens or cancellations vi. Cost of adulteration testing panels vii. Applicant travel costs OTHER COSTS (Please specify below); viii. Div. x. viiii. TOTAL OTHER DIRECT COSTS (sum l-x):Here and item 5K. m 5.I. ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM Column (1) - Provide total administrative costs in items i-ix. Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs. Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi"). Sum line items (i-ix) for Columns (1) and (3) and place in line items "x" and "xi" respectively. (1) (2) (3)	Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of terms say. Courn (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item (*REF*) column. (1) (2) COST CATEGORIES i. Specimen kits and other miscellaneous collection materials i. Specimen kits and other miscellaneous collection materials ii. Bar coding of samples iii. Bar coding of samples iv. Electronic transfer of test results v. Handling costs for rejected specimens or cancellations vi. Cost of adulteration testing panels vii. Applicant travel costs OTHER COSTS (Please specify below): viii. viii. X VIII. TOTAL OTHER DIRECT COSTS (sum kx): Here and item 5K M 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM Column (1) - Provide total administrative costs in items i-ix. Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs. Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (*i-ix*) except (*vi*). Sum line items (i-ix) for Columns (1) and (3) and place in line items *x* and *x* respectively. (1) (2) (3)	Column (1) - Provide costs for those items directly related to the testing process and not pain the pricing of terms Sarj. Column (2) - If included in items Sarj, indicate the item (a-j) under the cost reference item (*REF*) column. (1) (2) COST CATEGORIES I. Specimen kits and other miscellaneous collection materials a. Shipping costs. iii. Bar coding of samples iv. Electronic transfer of test results v. Handling costs for rejected specimens or cancellations vi. Cost of adulteration testing banels vii. Applicant travel costs OTHER COSTS (Plasse specify below); viii. VIII. TOTAL OTHER DIRECT COSTS (sum h.x): Here and item 5K. Important travel costs of the DRIG-FREE WORKPLACE PROGRAM Column (1) - Provide total administrative costs in items i-ix. Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs. Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi"). Sum line items ("i-ix") for Columns (1) and (3) and place in line items "x" and "xi" respectively.	Column (1) - Provide costs for those items directly related to the testing process and not pain the pricing of terms Sarj. Column (2) - If included in items Sarj, indicate the item (a-j) under the cost reference item (*REF*) column. (1) (2) COST CATEGORIES I. Specimen kits and other miscellaneous collection materials a. Shipping costs. iii. Bar coding of samples iv. Electronic transfer of test results v. Handling costs for rejected specimens or cancellations vi. Cost of adulteration testing banels vii. Applicant travel costs OTHER COSTS (Plasse specify below): viii. VIII. TOTAL OTHER DIRECT COSTS (sum i-x): Here and item 5K. Important travel costs of the DRUG-FREE WORKPLACE PROGRAM Column (1) - Provide total administrative costs in items i-ix. Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs. Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi"). Sum line items (i-ix) for Columns (1) and (3) and place in line items "x" and "xi" respectively.	COST CATEGORIES i. Specimen kits and other miscellaneous collection materials ii. Bar coding of samples iv. Electronic transfer of test results vi. Cost of adulteration; testing panels vii. Applicant travel costs OTHER COSTS (Please specify below); viii.	η ('REF') column. η
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A : Determ	COST CATEGORIES	COST CATEGORIES	COST CATEGORIES	COST CATEGORIES Total %	ively. (3) Drug-Testing

PROCEED TO PAGE 5 Question 6



DEFENSE INVESTIGATIVE SERVICE 1340 BRADDOCK PLACE **ALEXANDRIA, VA 22314-1651**

7 9 14

Joseph H. Autry III, M.D. Director, Division of Workplace Programs National Institute of Drug Abuse 5600 Fishers Lane, Rm. 9-A-53 Rockville, Maryland 20857

Dear Dr. Autry:

As requested, attached is the completed Semi-Annual Report on Federal Drug-Free Workplace Programs for the Defense Investigative Service. If you have any questions or require any additional information, please contact Ms. Barbara E. Lumia or Ms. D. Benita Watson of my staff at (703) 325-6181.

Sincerely,

MICHAEL G./NEWMAN Deputy Director

(Resources)

Attachment

TEL:703-325-6134

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

PEPOPIT CLE: JANUARY 14, 1994

Return signed and completed form to : Joseph H. Autry III, M.D. Director, Division of Workplace Programs SAMHSA 5800 Fighers Lane, Rm 8-A-53 Rodiville, Maryland 20857 SAMHSAOWP FAX (201) 443-2838 Direct phone inquires to: Hon Amstrong (201) 443-8780

Part I. General Information

Name Tite	PRIMARY LIAISON BARBARA E. LUMIA DRUG PROGRAM COORDINATOR	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense	
Agency Address	DEFENSE INVESTIGATIVE SERVICE (DIS) 1340 BRADDOCK PLACE, RM. 508	Public Health/Safety Other	X
Telephone	ATTN: V0972 City: ALEXANDRIA State: VA Zip: 22314-1651		
Report prep	pred by: D. RENTTA WATSON		
Telephone Date Prepar	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
· • • • • • • • • • • • • • • • • • • •			

MICHAEL G. NEWMAN
Signature of Agency Head or Senior Policy Office
A A MITTER OF VOICING MESTING SEDIAL PAIGN OFFICE

DEPUTY DIRECTOR (RESOURCES)

Official Title

AGENCY-ID DATE RECEIVED / /94 INITIALS DATE ENTERED / /94 INITIALS Date Plan Certified / /	CONTROLINFORM	ATION - FOR SAMHSA USE ONLY
DATE ENTERED / /94 INITIALS	AGENCY-ID	
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	l l	/ /94 INITIALS

	DIS		SEMI - A	NNUAL RE	PORT A	Vpril 1, 196	03 ~ September 30, 1993
Part II Status	s of Plan Imple	mentation					
.a Indicate ti	h e state ment whi	ch best descri	bes the statu	s of your p	lan certi	fication du	ring this reporting period.
1. P 2. P 3. P	lan has not been lan has been sub lan has been ceri ther (Please attac	submitted to I mitted to HHS lifted or spenc	HHS for appriant of the second	oval (attac	h explai	natory not	• • • •
b. Indicate t	he types of testing	g included in y	our plan (ch	ock all that	apply).		
X 1. Po	essonable suspic pluntser	.5. <u>X</u> noic	Accident or a Follow-up	insafe prac	tice _	X 3. Rar X 6. Ou	tdom selection tside applicant X 7. Inside applicant
c. Was plan		d (including al	I testing and				uring this reporting period?
.a Were all no X Yes	on—testing comp	onents of you	r plan (e.g. E No	APs, traini	ng etc.) 1	fully imple	mented during this reporting period?
b. Are any po	rerequisites to ter of all than apply. lay notice	sting missing?	Yes		- day no	tice _.	
Source	lay notice cas of a certified (> for quality cont (Please specify)	roi speciment	•	Co	vices of	services a Medical	Review Officer
d Foreach	restrictions or ho type of testing, in under 'status of te	dicate the statesting for eac	tus of implem type of test ling (Check app	ientation di ing include rophae colur	uring the d in you nn(e) or se	reporting ir agency	(esson(s))
	•	Fully	ENJO	INE O	pertial		
		Land				1 ~~	Culer reasons not implemented
		Implemented			1		Other reasons not implemented (PLBASE DESCRIBE)
Reasonable s	uspicion	1 '					
loo dent or ur	nsate practice	1 '					
Cooldent or un	nsate practice	1 '					
Accident or un Random selec Volunteer	nsate practice	1 '					
Accident or un Random saled Volunteer Follow – up	nsafe practice otion	1 '					
Accident or un Random select Volunteer Follow – up Outside applica	nsafe practice otion cant nt	implemented					(PLEASE DESCRIBE)
Accident or un Random saled Volunteer Follow – up Dutside applica Inside applica If you indica i.e., litigation	nsafe practice ortion cant mt ated that testing un (enjoined) or is employees are im	implemented	n, brieny des he projected	cribe below date for th	or restr	icted for a	(PLEASE DESCRIBE)
Accident or un Random saled Volunteer Follow – up Outside applica nside applica i.e., litigation how many e	nsafe practice ortion cant mt ated that testing un (enjoined) or is employees are im	implemented under your age bor negotiatio spacted, and t	n, briefly des	date for th	or restrict the nation of the	octed for a ture of the ral of the ra	n external cause delay, its cause, estriction.
Random select Volunteer Follow – up Outside application i.e., litigation how many et a Was any test b. If no, what — Reason	nsafe practice otion cant mt ated that testing to the complete are impleyed are implementation.	under your age bor negotiation pacted, and the suring this period?	n, briefly des the projected	date for th	or restrict the nation of the	octed for a ture of the ral of the ra	n external cause delay, its cause, estriction.

AGENCY

AGENCY	DIS		SEMI - A	NNUAL REF	ORT April 1, 1993 ~	September 30, 1	1993
Part III Ope	rations Profik	•					
1. Please prov	ide the Intowin	er ladamanta — anti-si		4.4			
4. Full—time	equivalents (F	g information relation	ng to the to	otal number	of: sitive positions33	20	2220
		104	D. E.O	. 12564 Sen			c. TDPs 3320
					(Number of p	oositious)	(Number of positions
H your age	ency tested	this period, an	swer qu	estions 2	-4, if not, go to	Guestian 5	
2. Percent of T					7	question 5.	
		. 10					
a. Per year a	locording to yo	ur plan <u>10</u> %		(1	b. Actual this reportin	g period 8.2	%
3. According to	o your plan, wh	at is the number of	times per		jency takes random :		
4.a If your plan	includes insid	applicant testing.	Which pos	itions are el	bject to that testing?		
•	THE PUBLICATION A						
o your pie	winnes one	KIO EPPUÇANT TASTIN	a. Which o	Ositions are	ـ ـ يغم منه غمريته المنه فحجة طاروي	-2	
	VI Positions <u>X</u>		AN TOPS	}	Some TDPs);	•
5. Enter the nu	mber of position	ns defined as sensi	tive by sec	tion 7(d) of	E.O. 12564 and the n	uumahar ad	
positions de	eignated as TD	Ps.	,		Tio. 12001 Alig Big I	um ber o j	
					Number in	Number	- 1
CATEGORIES	of Sensitive Pos	itions Defined by E	.0. 12564		Sensitive	Selected as	
· · · · · · · · · · · · · · · · · · ·					Positions	TDPs	
1. Designated	by agency hea	d as Special Sensit	ive.		- ON ONE	TUPS	4
Critical — Sensi	ilive, or Noncriti	cel - Sensitive				1	}
(FPM Chapter	731 or in accor	dance with E.O. 10	450)		3320	3320	
2. Positions w	ith access to cla	noitement beiles			- 3320	3320	4
3. Presidential	Appointees					 	4
4. Law emforce	ment officers (USC 8331 (20)) (5	USC 8401	(17))*		 	-
9. Curer position	ons, es deterni	ned by the agency	head:		Victoria Caracteria	XXXXXXXXX	
R. Law enforce	ement					MALKALALA .	
b. National se					3320	3320	_
c. Protection	of life and prop	erty			3320	3320	1
d. Public heal	th or safety						
e. Other (Ples							
The second oil	ation is not incl	uded in E.O. 12564]
. Indicate the ty	pes of drugs to	be tested in accord	lance with	your Agenc	y plan.		
X (A) COCA	and Y (h) Ma	Militrama Y (a) A		. Y.	V	СР	
			(8/		(h)		
a During this p	eriod how man	y blind quality cont	rol specim	ens (QCs)	were submitted to the	laboratory?	19
b. Please indi	pate the compo	≤ition (negative and	i positive)d	of the QCs a	nd the number of cor	rect responses i	reported to the MRO.
lumber of:					3. 55.	· · · · · · · · · · · · · · · · · · ·	Abouted to the MMO.
pecimens			sittve 4	Total 19	•		
Orrect respons	98		4	19			
c. If there were X	unacceptable Always		ould the M		ate and document al	the results?	
d. If 'always' o	r 'sometimes', \gency MRO	who is responsible X Agency Prim	for maintai ary Liaison	ining these (documents?		

т	\Box	7	n	3-	3	25	-6	. 1	12	Λ	ı

AGENCY_	DIS	SEA	MI ~ ANNUAL REPORT April 1	, 1 993 – September 30	D, 1 993
Part III O	perations Profile	CONTINUED			
8. Has you together X H	(this does not inclu	ide riding another age	(piggybacked another plan) s noy's contract or if another ag specify which Agency plan)	ency performs the serv	ministered ices)?
9. Specify	the names of the o		names of the agencies (1b,2,3)		testing services:
		a. Collection	b. Laboratory	o. MRO	d. Blind quality good
Contras	rith (executiv)	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OXXXXXXXXXXXXXXXX	71.75.7.777.878.878.878
a Private	l rm				
b. Public	AGENOV		-	PHS	
	nother agency	DOI	DOI	- 1 - 1 - 1	DOI
3. Inhouse		101			101
<u> </u>					
receiv (1	red training on the e) Number of employ	effects of illegal drugs (yees <u>79</u> (2)	ees have been provided with a and/or other aspects of your A Percent of total employees g education program (check a	gency's drug—free woi 2_4 %	rkplace program?
X 7 X 5 X R A A	gency's substance ypes and effects of ymptoms of drug u elationship of the E elevant treatment, r call the forms of ed	abuse policy, proceduly drugs use and effects on perform the trug—testing rehabilitation, comfident ucation that apply:	ormance and conduct g program ttality issues		
X D	istribution of writter	n material	X Audio or video progra	ms	
x	roup discussions a	nd presentations	Special drug awarene		
		·			
and a b. Durin drug	ddress illegal drug i g this reporting per —free workpisce pr	use by employees: iod how many supervi: ogram?	ng and education program for X Yes No No Sors received training on the A	gency's	m identify
c. Indice	te the topics covers	d in the supervisory e	ducational and training progra	m (check all that apply	۸.
<u> </u>		abusé policy, procedu		т (спескап изгарргу,).
_ <u>X</u> 9	ymptoms of drug us ow to identify emplo	se and effects on perfo			
	ole and operation o tervention and refe				
	•	workplace and follow	w-up		
		lucation and training th	•		
				Group discussions an	d presentations
reache	provide the best es d with its drug educ cent of employees	cation/training/awarend	of current employees and supersess efforts since the issuance (b) Percent of supervisors	of E.O. 12564.	IS EVER
on the	our agency provide effects of illegal drupployees: Yes <u>X</u>	igs and and/or other a:	e and/or training for new employees of the Agency's drug— (b) Supervisors: Yes X	ree workplace plan?	isors

AGENC	Y DIS	SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993	
Part IV	Cost and Pricing Pro	file	
Lab	Full-service WITH CE	EILING (Combo), i.e., flat fee charged for initial and confirmation tests. EILING (Combo), i.e., flat fee charged for initial and confirmation tests. Individual fees charged for initial and confirmation tests.	
2. a . Ind		n of all drugs which initially test positive within a single specimen is required?	
	there additional charges t	for confirmation tests if the specimen tests positive for more than one drug?	
	average, how many days 7 Calendar days	between specimen collection and notification of testing results?	
The	term 'extraordinary' is us	the ided to identify extraordinary locations that are unique to your agency, sed here to denote those locations/situations where your agency must and/or incurs additional costs to collect a specimen.	
	eny of your TDPs work at X Yes No		
	wase describe 'extraordina WORKSITES IN F	ry locations. COREIGN COUNTRIES	
b	7 Total TDPs at	owing information about TESTING at extraordinary sites: extraordinary locations of Individuals tested at extraordinary sites	
		stated with specimen collection at these sites? <u>N/A</u> Yes No est of collection at these extraordinary sites \$	
•. Do		taken to minimize additional costs at extraordinary sites.	
	•		
		PROCEED TO PAGE 5	

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		- com - water car out while 1 1442 - september 30, 18	93

Part IV Cost and Pricing Profile CONTINUED

5. DAUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

					CARS II III (1801E DEIOR)
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
WINNESSON.	XXXXXXXXX	XXXXXXXXX	KXXXXXXXXX	XXXXXXXXXXXX	CONTRACTOR OF THE CONTRACTOR
L. Specimen collection	\$13,197.66	290	\$34.98	Unit	
o. Laboratory Teets (let fee)	\$6,000.00	290	\$9.68	Unit	
. Initial test	_				
1. Confirmation test (flat tee)	_	_			
Negative test	_				
. Positive test	_				
Quality control samples	\$676.40	19	\$47.78	Unit	QC PLUS LAB FER
MRO (flat lee)	\$1,000.00)			LESS THAN 300 DRUG TESTS
Review of negatives		271	\$2.75	Unit	
Review of positives	_		\$150.00		
Other direct TESTING costs*	\$14,320,22	XXXXXXXX			
Administrative TESTING goess*	\$90,069.11				
n. Total costs (Items a - L)	125,263.39				

5. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL	
AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education	367.
\$ (a) Personnel Office \$ (b) EAP	
\$ (c) Other (please specify)	

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

AGENCY DIS

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Worksheets: Other Direct Testing Costs (Item 5k) and Administrative costs (Item 5l)

Hom 5.k OTHER DIRECT TESTING COSTS

Column (1) — Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) — If included in items 5a-j, indicate the item (a-j) under the cost reference item (*REF*) column.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i, Specimen kits and other miscellaneous collection materials	£12 107 66		JSA/EHRT COSTS
STEPOING COSTS	415,137.do		DSA/EHRI CUSIS
<u>W. Bar coding of samples</u>			
A PARTICULAR AND			
V. Handling costs for rejected specimens or cancellations			
College of activations and purpose			
<u>VII. Applicant travel costs</u>			
*// deft = cotto finale specificator);			
VM. QUALITY CONTROL SPECIMENS	\$676.40		
	\$446.16		<u> </u>
x			
The Core Condend Recorded to Game Light steam is minister.	\$14.320.22		
		Manager Commence	

Nam 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in Items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (1-ix') except ('vi').

Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
L Staff costs (salaries and benefits)	\$4,745.61	100	\$4,745.61
CONTACTOR (VA.00) & DESC PILOT	\$38,510/00	100	\$38,510.00
W. Staff travel costs (V4200)	\$2.688.00	100	\$2,688.00
v. Printing and mailing costs W. Essention section costs: once of the Program Coordinator	\$176.00		\$176.00
OTHER COSTS (Please specify below):		MANAGEMENT OF THE PROPERTY OF	
A CTA Trops the star	\$19,257.00	100	\$19,257.00
WE. OTHER VIDEOS/BOOKS/AV POUTPMENT	\$21,192.50	100	\$21,192.50
	\$3,500.00	100	\$3,500.00
X. TOTAL ADMINISTRATIVE COSTS (sum i-ix)	\$90,069.11	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and Her	II XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	\$90.069.11

PROCEED TO PAGE 5 Question 6

May 06'94 14:50 No.001 P.10

				ADCO CE PET	COME BY THE					
Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS									
		T	Y		VOLUNTEER	FOLLOW-UP	100 10 117 7507110			
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNIEEH	LOTTOM-OD			Reported as	
		SUSPICION	ORUNSAFE	SELECTION			OUTSIDE	INSIDE	1 '	
	***************************************		PRACTICE				APPUCANT	APPLICANT	COMBINED	
		_	<u> </u>			T				
TOTAL TESTED	271	0	0	271	0	0	0	0	0	
fotal refusing tests	0									
Notal verified positive	0				iniaininiainininini	A PROPERTY OF THE PARTY OF THE				
Verified positive for:	5.5.5.5.6.6.6	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**************************************	KXXXXXXX	1	(********	A DA	**************************************		
COCAINE	N/A			 			 	 		
AMPHETAMINES	N/A		 	1						
OPIATES										
PCP			ļ		<u> </u>		ļ		-	
OTHERS			 	 				 	<u> </u>	
	<u> </u>	+	 		-				 	
					85000000000000000000000000000000000000				grande getter statistische ()	
MGN CHRIST INIARY ACTIONS Returned to EAP Required return to work followup tests Detailed from TDP to nonsensitive positi Permanent Resssignment		NA MARIEN		ADDITIONAL						
Refrement						·				
Resignation			<u> </u>							
Other Company of the North	****	PROPOSED	TAKEN	T-annersonal	COMMENTS	to a construction of the second				
Written Reprimend		S CREE AND THE SECOND		T TESTINATE OF THE STATE OF THE						
Suspension less than 15 days										
Suspension 15 days or more										
Indefinite auspension Demotion		-		 				· · · · · · · · · · · · · · · · · · ·		
Removal/separation *			†							
Enforced Leave										
2. REASONS FOR DISCIPLINARY INJURIES OF EMPLOYEES:	ACTIONS BY T	PE OF DISCIPLI					************	×0.00 0/0 0/0400000	~~~~~	
esco.		SEPARATIONS	ACTIONS	ADOTTONAL	COMMENTS					
Possession of drugatedling at work Conviction for a drug offense			 						· · · · · · · · · · · · · · · · · · ·	
Direct observation of drug use			1							
Returing urthalysis										
Specimen tempering			ļ							
Tested positive for drug use: first finding		-		 						
Tested positive for drug use: second fin Returni to cooperate	xxxng		+	 	· · · · · · · · · · · · · · · · · · ·					
Fallure to successfully complete EAP								•		
A ARMA SA AMPARTMENT OF SHARES CAR.							are.	·		
Description of the sale sales and										
Recommended counteding/treatment			 	 						

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD October 1, 1992 - March 31, 1993

REPORT DE JULY 2 1999

Return agned and completed form to:
Joseph H. Autry III, M.D.
Director, Division of Workplace Programs
SAMH-SA
9800 Fehers Laine, Rm 9—A—S3
Rockville, Manyland 20857
SAMH-SADWP FAX (301) 443—2636
Direct phone in purification.

Part I. General Information

Name Title Agency	Gayn Staff Defe	or ing	E.S & E	istics	e Relation	ns Spec	g≥ iali	st	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense Public Health/Safety	х
	Cameron Station, Room 3D224 City: Alexandria State: VA Zip: 22304-61 City: Alexandria 6030 FAX (703)274 Expersed by:					ip: <u>22304</u>		 100	Other	
Telephone Date Prepa	· (FAX ()	-			

Signature of	f Agency	Head or	Senior	Policy	Official

Official Title

CONTROL INFORMAT	ION =	POR	SAMESA USE ONLY
AGENCY-ID			_:*
DATE RECEIVED	1	/93	INITIALS
DATE ENTERED	1	/93	INITIALS
Date Plan Certified	1	1	

GENCY DLA	_	SEMI	- ANNUAL	REPOR	IT: Octob	er 1, 1992 - March 31, 1993	
art II Status of Plan Imple	ementation						
a Indicate the statement which	ch best describ	es the status	of your pla	an certifi	cation dur	ing this reporting period.	
1. Plan has not been sul 2. Plan has been sul X 3. Plan has been cel 4. Other (Please atta	omitted to HHS tified or agenc	and reviews y is a Tier II (are in prog	ress		3) {Survey completed} {Survey completed}	
b. Indicate the types of testing	included in yo	our plan (che	ck ali that a	φρίy).			
x 1. Reasonable suspi x 4. Volunteer	cion <u>X</u> 2. X 5	Accident or :	unsafe pra	ctice .	X 3. Fa X 6. O	andom selection utside applicant <u>X</u> 7. Inside appl	lican
c. Was plan fully implementeYes (SKIP TO 3.a)	d (including all	testing and r No	non-testing	compon	ents) duri	ng this reporting period?	
Were all non-testing compo	onents of your p	olan (e.g. EA No	Ps, training	etc.) fui	ily implem	ented during this reporting period?	
b. Are any prerequisites to te If yes, check all that apply. 60-day notice Services of a certified Source for quality con Other (Please specify	laboratory trol specimens		30 Co		services	al Review Officer	
c. Are there restrictions or ho		more types of	f tosting?			Yes X No (Skin to 3a)	
. As well lestifulding of the	ilus un one un	nore types o	r testing:			Yes X No (Skip to 3a)	
d. For each type of testing, in	ndicate the stat	us of implem	entation du	ring the	reporting	period. Check the appropriate	
columns under "status of t							
•	Status of les	ting (Check app ENJC					
	Fully	partial	Aill	partial		Other reasons not implemented	
Reasonable suspicion	implemented :	 		-		(PLEASE DESCRIBE)	
Accident or unsafe practice				:	 		
landom selection					 		
/olunteer	<u> </u>	-i					
ollow-up Outside applicant	 	-i		- i	<u> </u>		
nside applicant	<u> </u>	1		-	 		
If you indicated that testing i.e., litigation (enjoined) or la how many employees are in	bor negotiation	n, briefly desc	cribe below	the nati	ire of the	delay its cause	
Was any testing conducted of	luring this perio	od.	X Yes	{skip u	Part III)	No	
. If no, what were the reason:	5 7			-	,		
Reason stated in ques		3d above					
No situation arose white							
Other (Please describe	*)		·			<u>_</u>	
				•		·	

· MAY 6 '94 9	,					PAG
GENCY DLA	·	SEMI - ANN	NUAL REPOR	RT: October 1, 18	992 - March 31,	1993
·						
art III Operations Profile	е					
. Please provide the followin	g information rela	iting to the total nu	imber of:			
a. Full-time equivalents (FI				positions <u>28,0</u>		c. TDPs 3,339
				(Number of posi	tions)	.(Number of positions
f your agency tested t	this period, an	swer questio	ns 2-4, if n	ot, go to ques	tion 5.	
Percent of TDPs tested						
	weedon on	ν.	h Act	ual this reporting	period 10	%
a. Per year according to yo	ui piai	70	D. 700	and the reporting	pa.100 <u>x</u>	,5
. According to your plan, wh	nat is the number	of times per year	your agency t	takes random san	nples? 4	
a. If your plan includes inside	de applicant testin	a. which positions	are subject t	to that testing?		
All Positions		All TDPs		ome TDPs		
b. If your plan includes out						
All Positions	* *			ome TDPs		
MI FUSIDITIS		All 1013		J		
. Enter the number of positi	ons defined as se	ensitive by section	7(d) of E.O.	12564 and the nu	mber of	
positions designated as Ti		Algorithm .				
		:		Number in	Number	
CATEGORIES of Sensitive F	Positions Defined	by E.O. 12564		Sensitive	Selected as	
		.,		Positions	TDPs	
1. Designated by agency he	ead as Special Se	nsitive,		1	*	
Critical-Sensitive, or Noncri				•	:	
(FPM Chapter 731 or in acc). 10450)		28,000	1,322	
2. Positions with access to				20,000	1,322	_
3. Presidential Appointees						
4. Law enforcement officers	s (5 USC 8331(20	1)(5 USC 8401(17	7)*			
5. Other positions, as deter			,,	XXXXXXXXX	XXXXXXXXX	X
a. Law enforcement				26	26	ea.
b. National security				76	76	
c. Protection of life and pro	operty			348	348	
d. Public health or safety				1567	1567	
e. Other (Please specify)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1307		-
The second citation is not in	ncluded in E.O. 12	2564.		i		
·	this period, ar	swer questio	ns 6-7. If n	ot. ao to aues	tion 8.	
t vour agency tested :	p					
r your agency tested						
Indicate the types of drugs	to be tested in a	cordance with you	ur Agency pla	an		
Indicate the types of drugs X (a) Cocaine X (b)	to be tested in ac	(c) Amphetamin	es X (d)	Opiates X (e	PCP	
Indicate the types of drugs	to be tested in ac	(c) Amphetamin	es X (d)	Opiates X (e	PCP	
Indicate the types of drugs X (a) Cocaine X (b) Please specify others: (f)	to be tested in ac) Marijuana X	(g)	es <u>X</u> (d)	Opiates X (e		60
. Indicate the types of drugs X (a) Cocaine X (b) Please specify others: (f) a During this period how m	to be tested in action and the state of the	(c) Amphetamin (g) control specimens	es X (d)	Opiates X (e) (h)	laboratory?	
Indicate the types of drugs X (a) Cocaine X (b) Please specify others: (for a During this period how much. Please indicate the com	to be tested in action of the control of the contro	(c) Amphetamin (g) control specimens e and positive) of the	es X (d)	Opiates X (e) (h)	laboratory?	
Please specify others: (fine a During this period how m	to be tested in action and the state of the	(c) Amphetamin (g) control specimens e and positive) of the	es X (d) (QCs) were	Opiates X (e) (h)	laboratory?	
. Indicate the types of drugs X (a) Cocaine X (b) Please specify others: (1 a During this period how mb. Please indicate the consumber of:	to be tested in act of the control o	control specimens and positive) of the Positive	es X (d) (QCs) were he QCs and to	Opiates X (e) (h)	laboratory?	
Indicate the types of drugs X (a) Cocaine X (b) Please specify others: (1) a During this period how must be Please indicate the consumber of: Specimens Correct responses	to be tested in action (negative) Assume the control of the contr	control specimens e and positive) of to Positive 12 12	es X (d) (QCs) were the QCs and to total 60 60	Opiates X (e) (h) submitted to the the number of cor	laboratory?	
Indicate the types of drugs X (a) Cocaine X (b) Please specify others: (for a During this period how must be please indicate the configuration of: Specimens Correct responses c. If there were unaccepta	to be tested in action (negative) Assume the control of the contr	control specimens e and positive) of the Positive 12 12 12 12 115, would the MR	es X (d) (QCs) were the QCs and to total 60 60	Opiates X (e) (h) submitted to the the number of cor	laboratory?	

AGENC	Y DLA	SEN	AI - ANNUAL REPORT: Octo	ber 1, 1992 - March 31, 1	993
Part III	Operations Profile	CONTINUED			
togeti	your agency adopted an ner (this does not include No	riding another agency's	gybacked another plan) so the contract or if another agency ecify which Agency plan)	performs the services)?	red
9. Spec	ify the names of the con	tractors (1a) or the name	es of the agencies (1b,2,3) tha	at provide the drug testing	services:
		a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1: Conin	act with lepecty)	+xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	()	30000000000000000	200000000000000000000000000000000000000
a. Pri	vete firm			JSA	
b. Pu	blic agency				
2. Ridir	ng another agency	Interior	Interior		Interior
3. Inho	924				<u> </u>
11.a Ha ar b. C. in	Agency's substance: Types and effects of Symptoms of drug us Relationship of the E Relevant treatment, r neck all the forms of edu Distribution of written Group discussions an as your agency developed address illegal drug us during this reporting period drug-free workplace prog (1) Number of supervisidicate the topics covered Agency's substance Types and effects of Symptoms of drug us How to identify employee Return of employees	in the employee drug edabuse policy, procedures drugs e and effects on perform AP to the drug-testing procedures drugs enablitation, confidential cation that apply: material and presentations and a continuing training a see by employees: and how many supervisors fram? sors (2) Perform (2) Pe	ance and conduct ogram lity issues X	at apply): s promotions pervisors to help them iden ncy's %	ntify
12. Ple rea (a)	ase provide the best est ached with its drug educ Percent of employees	imate of the percent of c ation/training/awareness 99_%	urrent employees and superventers since the issuance of (b) Percent of supervisors	isors your agency has EV E.O. 12564. 99%	
on		gs and and/or other aspe	and/or training for new employ ects of the Agency's drug-free (b) Supervisors: Yes X	workplace plan?	÷

		mation about TESTING a y locations stested at extraordinary sites	?Yes	No	
		about TESTING à	t extraordinary	sites:.	
	xtraordinary" locations.				
Do any of your TDP	s work at extraordinary k X No (slop to Page 5)	ocations?			S. C. S.
make special arrang	ements and/or incurs an		men.	and the second	
The following question	ns are intended to identi	ty extraordinary locations that one those locations/situations with the different costs to collect a specific collect a specific collect as pecific collect as pecifi	are unique to your agney m	gency. ust	
3.6 Calenda	r days	en collection and notification of			
YesX_	_ NO				
ve there additional c	narges for confirmation to	ests if the specimen tests positi	ive for more than one	e drug?	
Y Yes	_ NO				
	irmation of all drugs which	th initially test positive within a	single specimen is re	equired?	
X Full-service W Separate prici	ITH CEILING (Combo), i ng, i.e., individual fees ch	arged for initial and confirmation	on tests.		
FOIL-DOLLINGS .	O CEILING (Combo), i.e	e., flat fee charged for initial and	d confirmation tests.		

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MHA P 24

AGENCY DLA

PAGE 4

DLA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

AGENCY

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for e					n the table below.)

30000000000000000000000000000000000000			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
TESTING COSTS	XXXXXXX		CCCCCCC	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00.000,000,000,000,000,000,000,000,000,
a. Specimen collection	23,496.32	609	32.58	sample	
b. Laboratory Tests (flat fee)	8,440.74	693	12.18	test	
c. Initial test		.,,.,,			
d. Confirmation test (flat fee)	727.50	9	80.83	test	retest at second lab
e. Negative test					
f. Positive test			!		
g, Quality control samples	2,063.39	60	34.39	sample	
h. MRO (flat fee)		:			
i. Review of negatives	1,154.30		1.66	result	
j. Review of positives	490.00		35.00	result	
k. Other direct TESTING costs*		XXXXXXXX	XXXXXXX	00000000000	
L. Administrative TESTING costs*		Var. 5 . 4 . 6 . 6 . 6 . 6 . 6 . 7 . 7 . 7 . 7	MANAGEMENT OF THE PROPERTY OF	XXXXXXXXXX	
m. Total costs (items a-L)	80,676.81	************	∞	CXXXXXXXXX	

^{*} Propare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If the	6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL							
AGE	NCY-WIDE L	orug Education, indicate the actual	educi	uion costs (or best estimates by the source of that ea	ucation.		
æ	N/A	(a) Personnel Office	S	NA	(b) FAP			

\$ NA NA	(a) Personnel Office	\$_	NA.	(b) EAP
\$ NA	(c) Other (please specify)	_		· · · · · · · · · · · · · · · · · · ·

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

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DLA

Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

Item 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item (*REF*) column.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials		ь	
a Šnagung oxes		a	
iii. Bar coding of samples			
N. ERCYONE Varietie of less results			
v. Handling costs for rejected specimens or cancellations	1.054.56		No shows
Vi.: Cost of adulteration testing partiels			
vii. Applicant travel costs			
OTHER COSTS (Clease specify below):		**************************************	
Viii			
х			
TOTAL OTHER DIRECT COSTS (sum:50); Neve and Item 5K	1,054.56		

Item 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi").

Sum line items (i-ix) for Columns (1) and (3) and place in line items "x" and "xi" respectively.

	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	40,000.00	100%	40,000.00
A Staff Valuing costs			
iii. Staff travel costs	1.500.00	100%	1,500.00
N. Lean Comp.			
v. Printing and mailing costs			
Nationalist Frogram Coordinates		XXXXXXXXXXXX	
OTHER COSTS (Please specify below):		CONTROL NAME OF THE PROPERTY OF THE PARTY OF	

viii. DoI Administrative Fee:	1.750.00	100%	1,750.00
X. TOTAL ADMINISTRATIVE COSTS (sum i-ix)		****	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item 51	**********	200000000000000000000000000000000000000	43,250.00

PROCEED TO PAGE 5 Question 6

GENCY	DLA	SEMIANNUAL REPORT:	October 1,	1992 - March 31,	1993
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Part V. Testing Results			NU	MBER OF PE	RSONS BY THE	2			
•			BA	SIS FOR ADM	INISTERING TI	ESTS			
	TOTAL	REASONABLE	ACCIDENT	PANDOM	VOLUNTEER	FOLLOW-UP	APPL	ICANT TESTING	•
		SUBFICION	OR UNSAFE PRACTICE	SELECTION			OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
A STAN SALES									
TOTAL TESTED	632		1	305	2	55	67	203	
otal refusing tests	13			11		2			
erified positive for:	XXXXXX	XXXXXXXXX	COCCXXXX	XXXXXXXX	000000000	XXXXXXX	00000000	XXXXXXX	CONTRACTOR OF THE PROPERTY OF
COCAINE	8			7		1			
MARIJUANA	6			5	<u> </u>	1			
MPHETAMINES OPIATES	<u> </u>		 		 				ļ
POP			 		-	 			
OTHERS									
			!						
Part VI. FOLLOWUP ACTI or employees whose urinalysis was to have used, possessed or sold III	ONS s VERIFIED PO		the following l	niormation abo	out follow-up ac	ions during the	reporting per	iod Jound	
. DISCIPLINARY AND NONDISC LIMBER OF EMPLOYEES:			AND/OR TAI	KEN BY TYPE	OF ACTION				
NON DISCIPLINARY ACTION	************	MARKER.	************	- ADOMICHAE	COMMENTE	***************			
leferred to EAP		13							TOTAL CONTRACTOR OF THE PARTY O

1. DISCIPLINARY AND NONDISCIPLINARY	ACTIONS PROPOSED	AND/OR T	KEN BY TYPE	OF ACTION			
NUMBER OF EMPLOYEES:							•
NON DISCIPLINARY ACTIONS	MARER		PLOTIONAL	COMMENTE	**************************************		
Referred to EAP	13						
Required return to work followup tests	4						
Detailed from TDP to nonsenstive position	4					***	· · · · · · · · · · · · · · · · · · ·
Permanent Reassignment							
Retirement							
Resignation	2						
Other							
DISCIPUNARY ACTIONS	PROPOSED	TAKEN	ACCITIONAL	COMMENTS	A CONTRACTOR OF THE PARTY OF TH	COOR TOOM NAME OF COMMON OF THE PARTY OF THE	10000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 1000
Written Reprimand	11	9	i				
Suspension less than 15 days	1						
Suspension 15 days or more							
Indefinite suspension			1				· · · · · · · · · · · · · · · · · · ·
Demotion							
Removal/separation	4						
Enforced Leave						***************************************	

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

Commany is an analyse and the control one must be an expense of the control of th	Contraction of the Contract of	O PHEN	2000 CO Control for the research of the control of
PEASONS	SEPARATIONS:	ACTIONS.	ACSTRONAL COMMENTS
Possession of drugs/setting at work			A STATE OF THE PROPERTY OF THE
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis		1	
Specimen tempering			· · · · · · · · · · · · · · · · · · ·
Tested positive for drug use: first finding		8	
Tested positive for drug use: second finding			
Refusal to cooperate			
Failure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			

REDERAL DRUG-FFEE WORKPLACE PROGRAMS SEMI-ANNUAL FEPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

HEPOHT DIFE. JANUARY 14: 1084

61/24/94 15:16

Heturn eigned and completed form to:
Joseph H. Autry III, M.D.
Director, Division of Workplace Programs
SAMHSA
S600 Fishers Lane, Rm 9-A-63
Rockville, Muryland 20867
SAMHSAOWP FAX(301) 443-2636
Ninect phone incultive to:
Rott Armetrang (301) 443-65780

Part I. General Information

Name	PRIMARY LIAISON Dr. George P. C			- ·	PRIMARY AGENCY MISSION (SELECT ONE Law Enforcement/Drug Interdiction)	
Title Agency Address	Director U.S. Army Drug 4501 Ford Avenue Alexandria, Vir	e. Suite 320	Opera Agenc		National Security/Defense Public Health/Safety Other	X	
Report prep	City:	State: 23p: FAX (70:	3) 756 -	157			
alpiides.	(703)756 -2453 red 01 /13/94	FAX (703	756 -	157	5		

Date Plan (trillian)

Signature of Agency Head or Senior Policy Official

Director, USADACA

Official Title

CONTROLINFORMATION - FOR SAMHSA USE ONLY,
AGENCY-ID
DATE RECEIVED / /94 INTITIALS
DATE ENTERED / /94 INITIALS

3.a Was any testing conducted during this period.

Reason stated in questions 2b and/or 2d above

No situation arose which called for testing
Other (Please describe)

b. If no, what were the reasons?

AGENCY	U.S. ARMY DRUG & ALCOHOL	SEMI ANNUAL REPORT April 1, 1993 September 30, 1993
	OPERATIONS AGENCY	

☎703 756 1573

irart II Status of Plan Imple	mentation						
1.a Indicate the statement whi	ch best descrit	oes the status	of your pla	ın certi fi	caton du	ing this reporting period.	
1. Plan has not been 2. Plan has been sub X 3. Plan has been cer 4. Other (Please attack	mitted to HHS lifted or agency	and reviews a o) If ser I as a	are in produ	2281	•	{Survey completed} {Survey completed}	
b. Indicate the types of testing	g included in y	our plan (chec	k all that a	pply).			
1. Reasonable suspic	x 2. 4 x 5. 1	Accident or ur Follow – up	isafe pract	i ce _	X_ 3. Ran X_ 6. Out	dom selection side applicant7. Inside applica	ınt
c. Was plan fully implements _X_Yes {SKIP TO 3.a}	d (including all	l testing and n Vo	on-testing				
2.a Were all non-testing comp	onents of your	r plan (e.g. EA io	Ps, trainin	g etc.) fi	ully implen	nented during this reporting period?	•
b. Are any prerequisites to te If yes, check all that apply, 60—day notice Services of a certified	•			day not	ice	Review Officer	
Services of a certified Source for quality con Other (Please specify) a. Are there restrictions or ha For each type of testing, in columns under 'status of the	ilds on one or i	more types of	testing?	ring the	reporting	res No {Skip to 3e}	
Other (Please specify) a. Are there restrictions or ho	ilds on one or indicate the states	more types of tus of implement type of testin	testing? Intation du	ring the	reporting ragency p	res No {Skip to 3a} period. Check the appropriate	
 Other (Please specify) a. Are there restrictions or home. d. For each type of testing, in 	ilds on one or indicate the states	more types of tus of impleme in type of testin ling (Childs appro	testing? Intation du ig included	ring the i in you	reporting ragency p	res No {Skip to 3a} period. Check the appropriate	
 Other (Please specify) a. Are there restrictions or home. d. For each type of testing, in 	ilds on one or indicate the states	more types of tus of implement type of testin	testing? Intation du ig included	ring the i in you	reporting ragency p edity other n	Period. Check the appropriate lan. won(s)) Other reasons not implemented	
Other (Please specify) a. Are there restrictions or ho for each type of testing, in columns under 'status of testing and testing are columns under 'status of	ids on one or indicate the statesting for each	more types of tus of implement type of testin ling Chick appro	testing? Intation during included	ring the i in you n(e) or sp	reporting ragency p edity other n	res No {Skip to 3a} period. Check the appropriate lan. secon(a))	
Other (Please specify) a. Are there restrictions or ho For each type of testing, in columns under 'status of testing and testing are columns. Reasonable suspicion Accident or unsafe practice	ids on one or indicate the statesting for each	more types of tus of implement type of testin ling Chick appro	testing? Intation during included	ring the i in you n(e) or sp	reporting ragency p edity other n	Period. Check the appropriate lan. won(s)) Other reasons not implemented	
Other (Please specify) a. Are there restrictions or ho for each type of testing, in columns under 'status of the Reasonable suspicion Accident or unsafe practice Random selection	ids on one or indicate the statesting for each	more types of tus of implement type of testin ling Chick appro	testing? Intation during included	ring the i in you n(e) or sp	reporting ragency p edity other n	Period. Check the appropriate lan. won(s)) Other reasons not implemented	
Other (Please specify) c. Are there restrictions or ho For each type of testing, in columns under 'status of the Reasonable suspicion Accident or unsafe practice Random selection Volunteer	ids on one or indicate the statesting for each	more types of tus of implement type of testin ling Chick appro	testing? Intation during included	ring the i in you n(e) or sp	reporting ragency p edity other n	Period. Check the appropriate lan. won(s)) Other reasons not implemented	
Other (Please specify) c. Are there restrictions or ho for each type of testing, in columns under 'status of t Reasonable suspicion Accident or unsate practice Random selection Volunteer Follow—up	ids on one or indicate the statesting for each	more types of tus of implement type of testin ling Chick appro	testing? Intation during included	ring the i in you n(e) or sp	reporting ragency p edity other n	Period. Check the appropriate lan. won(s)) Other reasons not implemented	
Other (Please specify) c. Are there restrictions or ho For each type of testing, in columns under 'status of the Reasonable suspicion Accident or unsafe practice Random selection Volunteer	ids on one or indicate the statesting for each	more types of tus of implement type of testin ling Chick appro	testing? Intation during included	ring the i in you n(e) or sp	reporting ragency p edity other n	Period. Check the appropriate lan. won(s)) Other reasons not implemented	

:

y Yes {skip to Part III}

_ No

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GENCY U.S. ARMY DRUG & ALCOHOL **6EMI - ANNUAL REPORT April 1, 1993 - September 30, 1993** OPERATIONS AGENCY

Part III Operations Profile

	b. E.O. 12564 Ser	sitive positions 29.	717	o. TDPs 9,380
		(Number of	•	(Number of position
your agency tested this period, ans	ver questions 2	-4. if not go to	Augetian E	
Percent of TOPs tested		7	question 5.	· · · · · · · · · · · · · · · · · · ·
a. Per year according to your plan 100 %		b. Actual this reportir	gperiod 38	%
According to your plan, what is the number of the				
According to your plan, what is the number of the require a specific number of rand a Nyour plan includes inside applicant testing w	Om tests nor .	gency takes random	samples? Dept	of Army does
M your plan includes inside applicant testing, w All Positions	hich positions are	year, nowever,	it is gener	ally performed
All Positions	ANTINDA	no lect to that meting;	each year.	
b. If your plan includes outside applicant testing,	Which positions are	Some TDPs		
All Positions	All TDPs	Some TDPs	g?	
Enter the number of positions define (as sensitions designated as TOPs	/e by section 7(d) a	FO 19584 and the	M. c	
positions designated as TDPs.		W. O. LEGGA ELIG RIG	anumat ot	
		Number in	Number	٦
ATEGORIES of Sansitive Positions Defined by E.	D. 12564	Sensitive	Selected as	
Designation		Positions	TDP\$	·
. Designated by agency head as Special Sensition Sensitive, or Noncritical - Sensitive	/ 0 ,			1
FBM Charing 721 of in considerativity of the				
FPM Chapter 731 or in accordance with E.O. 104 2 Positions with access to classified information			9,380	
Presidential Appointees	Approximate	ly 29,717	9.380	1
Law enforcement officers (5 USC 8331 (20)) (5 U	SC 0401/4704]
. Other positions, as determined by the agency h	50 6401 (17)] -	700000000000000000000000000000000000000		
a. Law enforcement Guards &		xxxxxxxxxxx	XXXXXXXXXXX	
Personnel	Polishills -	· -	2.427	
o. Protection of life and property Aviation	Pareonnel	rog	1,209	1
4 Public needs of safety A1coho1 c	Drug The	Ch-RE	1.673	4
Railroad I	ersonnel	Start	709	4
The second citation is not included in E.C. 12564.			3,362	J
Indicate the types of drugs to be tested in accord	ance with your Agen	CV plan.		
X (4) COCHINO X (D) Mariniana Y (c) Ar	nphetamines X	(d) Opiates V (e)	PCP	
Please specify others: (f)	(g)	(h)	. •,	
During this period how many blind quality contr	Ol specimene (CC-)			6. *) •
b Manager at A. M.	a. abaduugus (GC2)	were submitted to th	e laboratory?	431
b. Please indicate the composition (negative and	positive) of the QCs	and the number of c	Orrect responses	reported to the LIDO
Imper of: Negative Pos	stive Total	1		TAPOTOG ED GIG MICO.
The state of the s	76 431			
rrectresponses 355	76 431			

AGENCY U.S. ARMY DRUG & ALCOHOL SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993 OPERATIONS AGENCY

Part III Operations Profile CONTINUED

_ <u>X</u> No	Yes (please	oney's contract or if another age specify which Agency plan)	* t	i emant t
9. Specify the names of the		names of the agencies (1 b, 2,3)	4	
	s. Collegion	b. Laboratory	nier brovide the grud	testing services:
1. Contract with (specify)		YYYYYYYYYYYYY	o. MRO	d. Ellind quality control
& Private frm		None	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
b. Autilia agency		Northwest Tox		
2. Alking enother agency				
3. Inhouse	X			
	A		X	Armed Forces Insti
	MINUU IIUW MEINY OMAKAY	education program for employees have been provided with ac and/or other aspects of your Ag		of Pathology (AFIP
X Agency's substan X Types and effects	red in the employee dru ce abuse policy, proced of drugs	_	<u>.41</u> % that apply):	
X Helationship of the	guse and effects on perf EAP to the drug-testin	G DFQGFAm		
d. Check all the forms of	t, rehabilitation, confident education that apply:	tiality Issues		
X Distribution of writ		X Audio or video program	1e	
Y Group discussions	and presentations	Y Special drug awarenes	e Aramaliana	
1.8 Has your agency days	loned a coatinuina traini			
	A mam my all Strike 19 1	ng and education program for s		em identity
 b. During this reporting p drug—free workplace 	seriod how many supervi	sors received training on the Ag	ency's	
(1) Number of supe	program:	_		•
(i) Number of supe	rvisors 7466 (2)	Percent of total supervisors	% not avai	lahla
X Agency's substant	e abuse policy, procedu	OUCHUCINE and training browns	(check all that apply	λ): 1731 f
X Types and effects				
A Manufacian esta and	use and effects on perfo	ormance and conduct		
X Role and operation		tance		
X intervention and re				
X Return of employe	e to workplace and follow	v-up		
d. Check all the forms of	education and talning the	iat spolv:		
<u>x</u> Distribution of writte	en material X Auc		Broup discussions at	nd presentations
2. Please provide the best	estimate of the percent of	current employees and superv	risors your agency h:	25 EVER
Andreas with the croft of	www.notive.enstlich#M\$L@U(ess emons since the Issuance of	E.O. 12564	
(A). Percent of employee	# <u>100</u> %	(b) Percent of supervisors 100	%	
2. Does your agency provide	de an orientation packag	e and/or training for new employ	VAR t and naw	d
on the effects of illegal o	rugs and and/or other a	spects of the Agency's drug-te	Andre to a subse	visors
(a) Employees: Yes Y	. No	(h) Simeniese: Vac v	AOUKDIECE DEUS	

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'AGENCY U.S. ARMY DRUG & ALCOHOLSEMIANNUAL REPORT: April 1, 1993 - September 30, 1993 OPERATIONS AGENCY

Part V. Testing Results			NU	MBER OF PER	SONS BY THE			***************************************				
	BASIS FOR ADMINISTERING TESTS											
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APFL	ICANT TESTING)			
		SUSPICION	OR UNSAFE	SELECTION			OUTSIDE APPLICANT	NSDE	Reported as			
	J.,		PRACTICE					APPLICANT	COMBINED			
		e de la lacación de lacación de la company d										
TOTAL TESTED	4.225	5	0	3.578	119	102	100	321				
Total refusing tests												
Total varified positive	17	1	0	9	.2	0	3	. ,				
Werified positive for:	XXXXXXX	KXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ox -			
COCAINE	8_	↓	 	4	11_		2	1				
MARULIANA	99	 	ļ	5_		ļ		11_				
AMPHETAMINES OPPATES			 	 				-				
PCP		 		+	 	 	 		- 			
OTHERS		 	·	 		 	 	 	 			
						1			-			

Part VI. FOLLOWUP ACTIONS Please provide the following information about follow-up actions during the reporting period for employees whose urinelysis was VERIFED POSITIVE, tempered with the specimens, reluted testing or to cooperate, or were otherwise build to have used, possessed or sold illegal drugs. Check at that apply.

1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION

2703 756 1575

NUMBER OF EMPLOYEES: 17				
NON DESCRIPTIONARY ACTIONS	HANGER	APORTIOGA	L COMMENTS	
Referred to EAP	17			
Required return to work followup tests	7			
Obtailed from TDP to normanstive position	7			
Permunant Resembyrment	6			
Retir ervent	0			
Resignation	3			
Other	.3			
PIECEURANI ACTIONS	PROPOSED	TAKEN ADDITION	AL COMMENTS	
Witten Reprimend	1			
Suspension less than 15 days	li			
Suspension 15 days or more	1 0			
Indefinite ausperation	<u> </u>	0		
Darnotion	1 0	0		
Removal/asparation •	4	2		
Enforced Leave		0		

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

NUMBER OF EMPLOYEES: 12	Transista Communication Communication	IAN WALLES		
reache :	SEPARATIONS	ACTIONS	ADDITIONAL COMMENTS	
Possession of drugalsaling at work	2	0		
Conviction for a drug offeree	1	0		·
Direct observation of drug use				
Relating urimiyale	0	0		
Specimen tempering				
Tested positive for drug use: first finding		3		
Tested positive for drug use: second finding	1 2	2		
Relues to cooperate		<u> </u>		
Failure to impossedully complete EAP				
Recommended counseling/trantment	2	0		
Other reasons	1 0	0		



SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993 * ENCYU.S. ARMY DRUG & ALCOHOL OPERATIONS AGENCY

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksbeets on Page 6 k					
			Avertige	Unit of Costs	
	Total	Total	Cost per	(a.g., hours,	
	Costs	Unite	Unii	years, per test)	Additional Comments (for this item only)
WITH COURTS	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Specimen sollection					
b. Laboratory Tesis (flat lee)					
a. Initial teet	37,180.00	4225	8.80	per sample	(three tests per sample)
d. Confirmation test (fist fee)	352.75	17	20.75	per test	
. Negalive test	,				
. Positive test					
p. Guelty control samples					
h MHO (flat fee)					
. Review of negatives			<u> </u>		
. Review of positives					
k Other direct TESTING costs*		XXXXXXXXX	and the second	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
- Administrative TESTING ocets*				KXXXXXXXII (i	
Total costs (Items a-L)	38,432.75	XXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	

spare estimates on the northheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL

(a) Personnel Office

AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education. \$ N/A (b) EAP

\$ <u>N/A</u>	(c) Other (please specify)	I STATE OF THE PARTY OF THE PAR
		· .
	•	
Jpon completion	of question 6: If you	ur agency tested this period, proceed to Page 7 Part V, not, proceed to Page 7 Part VI.

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*GENCY U.S. ARMY DRUG & ALCOHOL SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993 OPERATIONS AGENCY

Column (2) — If included in items 5u - j. indicate the ite		ost refere (1)	nce item ("REF) (2)) polumn.
COST CATEGORIES		COSTS	ITEM REF	Comments
. Specimen kits and other miscellaneous collection materi	als			Not applicable
Shipping space				Not applicable
i. Ber coding of samples				Not applicabl
Electronic variable of test results. Handling costs for rejected specimens or cancellations.			-	Not applicabl
Land a sulferential series		47.00	4.50	166 rejected
i. Applicant ravel costs				Not applicabl
COTHER COSTS (Please specify below):				Not applicabl
1.				
and the second s				
MINTOTAL OTHER DIRECT COSTS (sum i-x):Here a	nd item 5K			
5.I ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are Inidice in Column (3) f	of Colum or all line	Kems ('Iix') e	
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place	PLACE PROGRAM IS i – ix. *See Att Ininistrative costs are Is in Column (3) for In line items 'x' and	of Colum or all line 'xi' respe	items ("I ix") ex ectively.	(3)
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing adm Column (3) — Multiply Column (1) by Column (2) and p	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are Ininistrative costs are Ininistrative in Column (3) for In line items 'x' and In Total	of Colum or all line 1 'xi'' respe (2)	items ("Iix") ex actively.)	(3) Drug-Testing
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (5) and place	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrative	of Column or all line l'xi' respe (2) tive Dr	items ("ix") e: ectively. 	(3) Drug-Testing Administrative
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Corumn (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are Ininistrative costs are Ininistrative in Column (3) for In line items 'x' and In Total	of Colum or all line 1 'xi'' respe (2)	items ("ix") e: ectively. 	(3) Drug-Testing
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (salaries and benefits)	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrative	of Column or all line l'xi' respe (2) tive Dr	items ("ix") e: ectively. 	(3) Drug-Testing Administrative
6.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Corumn (1) — Provide total administrative custs in items Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (5) and place COST CATEGORIES Staff costs (salaries and benefits)	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrative	of Column or all line l'xi' respe (2) tive Dr	items ("ix") e: ectively. 	(3) Drug-Testing Administrative
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Cournn (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (2018/165 and benefits) Staff training costs Staff training costs	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrative	of Column or all line l'xi' respe (2) tive Dr	items ("ix") e: ectively. 	(3) Drug-Testing Administrative
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (salaries and benefits) Staff training costs Legal docts Printing and mailing costs	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrat Costs	of Column for all line 1 'xi' respe (2) tive Dr Tes	items ("ix") ex ectively.) % ug ting	(3) Drug-Testing Administrative Costs
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Corumn (1) — Provide total administrative custs in items Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (salaries and benefits) Staff training costs Eagal costs Printing and mailing costs Education grogram ocsts Office of the Program Coordin	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrat Costs	of Column for all line 1 'xi' respe (2) tive Dr Tes	items ("ix") ex ectively.) % ug ting	(3) Drug-Testing Administrative Costs
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (salaries and benefits) Etaff training costs Estaff travel costs Frinting and mailing costs	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrat Costs	of Column for all line 1 'xi' respe (2) tive Dr Tes	items ("ix") ex ectively.) % ug ting	(3) Drug-Testing Administrative Costs
6.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Corumn (1) — Provide total administrative custs in items Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (!—ix) for Columns (!) and (5) and place COST CATEGORIES Staff costs (salaries and benefits) Staff testining costs Staff travel costs Fagal desta Printing and mailing costs Education program ocsts: Office of the Program Coordina OTHER COSTS (Please specify below):	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrat Costs	of Column for all line 1 'xi' respe (2) tive Dr Tes	items ("ix") ex ectively.) % ug ting	(3) Drug-Testing Administrative Costs
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Corumn (1) — Provide total administrative custs in items Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (I—ix) for Columns (1) and (5) and place COST CATEGORIES Staff costs (salaries and benefits) Staff training costs Staff travel costs Fagal dosts Printing and mailing costs Education program ocsts: Office of the Program Coordination OTHER COSTS (Please specify below):	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrat Costs	of Column for all line 1 'xi' respe (2) tive Dr Tes	items ("ix") ex ectively.) % ug ting	(3) Drug-Testing Administrative Costs
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Corumn (1) — Provide total administrative custs in item Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (I—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (salaries and benefits) Staff training costs Eagal costs Printing and mailing costs Education program ocsts Office of the Program Coordina OTHER COSTS (Please specify below):	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are place in Column (3) for in line items 'x' and (1) Total Administrat Costs	of Column or all line (2)	items ('Iix') ex ectively.) % ug ting	(3) Drug-Testing Administrative Costs XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative custs in items Column (2) — Provide the percent that drug testing a dn Column (3) — Multiply Column (1) by Column (2) and p Sum line items (i—ix) for Columns (1) and (3) and place COST CATEGORIES Staff costs (salaries and benefits) Staff travel costs Fagal costs Printing and mailing costs Education program ocsts Coffice of the Program Coordin	CPLACE PROGRAM IS i - ix *See Att Ininistrative costs are Is ace in Column (3) fi In line items 'x' and (1) Total Administrat Costs attor	of Column or all line (2) the Dr Tes	items ('Iix') expectively. % ug tling XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(3) Drug-Testing Administrative Costs

PROCEED TO PAGE 5 Question 6

FEDERAL DRUG-FREE WORKPLACE PROGRAM SEMI-ANNUAL REPORT FOR THE PERIOD OF APRIL 1, 1993 THRU SEPTEMBER 30, 1993

PART IV COST AND PRICING PROFILE CONTINUED

ITEM 5.1

AT THIS TIME, THE ARMY DOES NOT CAPTURE A BREAKOUT OF COST CATEGORIES AS REQUESTED IN "ADMINISTRATIVE COSTS OF THE DRUG-FREE WORKPLACE PROGRAM". IT IS PROJECTED, HOWEVER, THAT THROUGH THE DEVELOPMENT OF THE ARMY'S DRUG AND ALCOHOL MANAGEMENT INFORMATION SYSTEM (DAMIS), THE REQUESTED DATA WILL BE AVAILABLE FOR THE REPORT PERIOD COVERING THE FIRST HALF OF FISCAL YEAR 1994.

→→→ POLICY

AGENCY U.S. ARMY DRUG & ALCOHOTSEMIUNNUAL REPORT: April 1, 1993 - September 30, 1993 OPERATIONS AGENCY

Part V. Testing Results		NUMBER OF PERSONS BY THE										
		BASIS FOR ADMINISTERING TESTS										
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPLI	CANT TESTING				
		SUSPICION	ORUNSAFE	SELECTION			OUTSIDE	INSIDE	Reported as			
			PRACTICE				APPLICANT	APPLICANT.	COMBINED			
TOTAL TESTED	4.225	5	0	3,578	119	102	100	321				
Fotal refuging tests				<u> </u>								
fotal varified positive	17	1	0	9	2	0	3	2				
Verified positive for:	XXXXXXX	XXXXXXXXX	XXXXXXX	<u> </u>	XXXXXXXX	XXXXXXXXX	(XXXXXXX)	XXXXXXXX	X			
COCAINE	8			4_	.ll_		2_					
MARILLANIA .	9	 		5	 	ļ	L	 1	ļ			
AMPHETAMINES	ļ	 		ļ	ļ		 		 			
CIPATES				 	ļ	- 	 	 	 -			
PCP			 	·		· 	 	 	 -			
CTHERS				 	 	 	 	 	 			
		 		 -	 	+		 	 			
				ere transcription of the second	ana kangada kanga kanga kanga	Contract of the Contract of th			Talance (see			

Please provide the following information about follow-up actions during the reporting period Part VI. FOLLOWUP ACTIONS for employees whose urinalysis was VERIFIED POSITIVE, tempered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that upply.

JON DIRCIFLINARY ACTIONS	NUMBER		ADDITIONAL COMMENTS	
Referred to EAP	17			
Regulad return to work followup tests	7			
Detailed from TDP to nonsenstive position	75	1/7/		
Permanent Respelgrament	(6)			
Refrement	9			
Redignation	3			
Other	3			
DISCFLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS	
Withon Reprimend	7			
Suspension less than 15 days				
Suppendion 15 days or more				
Indefinite auspension		1 0		
Carnotion	<u> </u>	<u> </u>		
Removel/apparation -	(L)_	02		
Enforced Leave				

12 REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

NUMBER OF EMPLOYEES: 12			
PEASONS	EMCITARASSE	ACTIONS A	DEITIONAL COMMENTS
Fossession of drugs/selling at work	2	0	
Conviction for a drug offense		1 0 1	
Direct observation of drug use		0	
Refusing urinalysis		2 -	
Specimen tempering	0	<u> </u>	
Tested positive for drug use: first linding		 ? -	
nd positive for drug use: ascord finding	2	2	
y to cooperate		1	
· Jaure to successfully complete EAP			<u> </u>
Яветтантурнівалию bebranınces	(2)	0	
Other receipts	ــــــــــــــــــــــــــــــــــــــ	1_0_1	

US ARMY SEMI-ANNUAL REPORT DATA

CORRECTED QUESTION 7, QUALITY CONTROL SPECIMENS (QC):

A. TOTAL BLIND QC SPECIMENS: 431

В.

NUMBER OF:	NEGATIVE	POSITIVE	TOTAL
SPECMENS	355	76	431
CORRECT RESPONCES	355	76	431

762

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return algred and completed form to :

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fighers Lane, Rm 9-A-53

Rodeville, Maryland 20857

SAM-ISADWP FAX (301) 443-2638 Direct phone inculres to: Hon-Armstrong (301) 443-6780

Part I. General Information

Name	JULIE BIGLER PRIMARY AGENCY MISSION (SELECT	ONE)
Tite	DRUG PROGRAM COORDINATOR Law Enforcement/Drug Interdiction National Security/Defense	-
Agency Address	OFFICE OF THE INSPECTOR GENERAL, DoD 400 ARMY NAVY DRIVE, RM 512 ARLINGTON, VA 22202-2884 Public Health/Safety Other	
	City: State: Zip:	
Telephone	(703)693 <u>- 0257</u> FAX (703) 693 <u>- 8593</u>	
Report pre	pared by: MARY REYNOLDS	
Telephone		

Signature of Agency Head or Senior Policy Official

STANLEY H. BOARDMAN

Director, Personnel & Security Directorate Official Title

CONTROLINFORM	IATION - FOR SAMHSA USE ONLY
AGENCY-ID	Tesas Militar Coll Oldel
DATE RECEIVED	/ /94 INITIALS
DATE ENTERED	/ /94 INITIALS
Date Plan Certified	/ /

Part II Status of Plan Implementation

1.a Indicate the statement which	a Indicate the statement which best describes the status of your plan certification during this reporting period.							
1. Plan has not been submitted to HHS for approval (attach explanatory note) 2. Plan has been submitted to HHS and reviews are in progress 3. Plan has been certified or agency is a Tier II (certification not required) 4. Other (Please attach description)								
b. Indicate the types of testing	included in yo	our plan (ch	eck all that	apply).				
X 1. Reasonable suspici X 4. Volumber	on X 2. A	Accident or u Follow—up	unsafe prac	tice _	X 3. Rar X 6. Ou	ndom selection tside applicant X 7. Inside applicant		
c. Was plan fully implemented Yes {SKIP TO 3.a}			non-testin	ig compi	onents) d	uring this reporting period?		
2.a Were all non-testing composition Yes	onents of your		APs, trainir	ig etc.) fi	ully imple	mented during this reporting period?		
b. Are any prerequisites to tes If yes, check all that apply. 60—day notice Services of a certified is Source for quality conta Other (Please specify)	aboratory		30-	-day not lection s vices of	ervices	I Review Officer		
c. Are there restrictions or hol	ds on one or r	more types o	of testing?	•		Yes X No {Skip to 3a}		
d. For each type of testing, incodumns under 'status of te						g period. Check the appropriate plan.		
		ing (Check app						
		ENJC	INED	LAE	SOR			
	Fully Implemented	partial	fuli	partial	full	Other reasons not implemented (PLEASE DESCRIBE)		
Reasonable suspicion	Χ .							
Accident or unsafe practice	X					* In plan, writing procedures		
Random selection		-			 			
Volunteer Follow-up	X				ļ			
Outside applicant	8	 						
Inside applicant	 X				<u> </u>			
e. If you indicated that testing u i.e., litigation (enjoined) or la how many employees are im	bor negotiation pacted, and the second terms of the second terms o	n, briefly de:	scribe belo	w the nat	ture of the	e delay, its cause,		
b. If no, what were the reasons Reason stated in questi No situation arose whice Other (Please describe)	s? ions 2b and/or h called for tes	2d above	_X_Yes	{skip ı	o Part III	No		
					_			

Part III Operations Profil	k
----------------------------	---

a. Full - time equivalents (FTEs) b. (E.O. 12564 Sensi			c. TDPs
		(Number of	-	(Number of positions)
If your agency tested this period, answer	auestions 2-	A if not go to	2 min - 1 - 5	
•	<u> </u>	v, ii iiot, go te	guestion 5.	
2. Percent of TDPs tested				
a. Per year according to your plan%	b.	Actual this reporti	ng period 7.5	%
According to your plan, what is the number of times p	er year your age	ncy takes random	samples? Mthl	y
4.a. If your plan includes inside applicant testing, which	nositions are sub-	in -44 - 44 - 41	_	
A Positions All Ti	DPe v	Come TDD-		
b. If your plan includes outside applicant testing, which	h positions are su	Some TDPs		
All Positions All TO	DPs X	Some TDPs	lg?	
Enter the number of positions defined as sensitive by	section 7/d\ ~ =	0.40504		
positions designated as TDPs.	section 7 (d) of E.	0. 12564 and the	number of	
		Number in	lat.	7
CATEGORIES of Sensitive Positions Defined by E.O. 125	64	1	Number	
	~~	Sensitive	Selected as	1
1. Designated by agency head as Special Sensitive,		Positions	TDPs	
Critical-Sensitive, or Noncritical-Sensitive		1		
(FPM Chapter 731 or in accordance with E.O. 10450)		1540	1488	
2. Positions with access to classified Information				
3. Presidential Appointees		1488	1488	
4. Law enforcement officers (5 USC 8331 (20)) (5 USC 84	01/1701+	1	1	
5. Other positions, as determined by the agency head:	01(17))-	335	335	
a. Law enforcement	<u> </u>	***************************************	XXXXXXXXX	
b. National security		0	0	
c. Protection of life and property		0	0	
d. Public health or safety			0	
e. Other (Please specify) Drug Program Coordin		0	0	
Drug Program Coordin	ator,	4	4	
The second citation is not included in E.O. 40554 T.	yee Relation	ns Specialis	t, Employee	Assistance Program C
ne second citation is not included in E.O. 12564. Emplo		o		12092dii C
ine second citation is not included in E.O. 12564. Emplo	yee Relation	is Clerk		
ne second citation is not included in E. O. 12564. Emplo Emplo Indicate the types of drugs to be tested in accordance w	ith your Agency	io cacan		
ne second citation is not included in E. O. 12564. Emplo Emplo ndicate the types of drugs to be tested in accordance w $\frac{X}{A}$ (a) Cocaine $\frac{X}{A}$ (b) Marijuana $\frac{X}{A}$ (c) Ampheta	ith your Agency p	io cacan	PCP	
Indicate the types of drugs to be tested in accordance where X (a) Cocaine X (b) Marijuana X (c) Ampheta Please specify others: (f) (g)	ith your Agency p	plan. Opiates <u>X</u> (e) (
Indicate the types of drugs to be tested in accordance where X (a) Cocaine X (b) Marijuana X (c) Ampheta Please specify others: (f) (g)	ith your Agency p	plan. Opiates <u>X</u> (e) (
Indicate the types of drugs to be tested in accordance where X (a) Cocaine X (b) Marijuana X (c) Ampheta Please specify others: (f) (g) During this period how many blind quality control spec	ith your Agency p mines X(d) (plan. Opiates X (e) I (h) Te submitted to the	a laboratory?	<u>.5</u>
The second citation is not included in E. O. 12564. Employen the types of drugs to be tested in accordance where X (a) Cocaine X (b) Marijuana X (c) Ampheta Please specify others: (f) (g) During this period how many blind quality control specifications.	ith your Agency p mines X(d) (plan. Opiates X (e) I (h) Te submitted to the	a laboratory?	.5
Indicate the types of drugs to be tested in accordance w X (a) Cocaine X (b) Marijuana X (c) Ampheta Please specify others: (f) (g) During this period how many blind quality control spec	ith your Agency p mines X(d) (d) (d) imens (QCs) were e) of the QCs and	plan. Opiates X (e) I (h) Te submitted to the	a laboratory?	.5 ported to the MRO.
Indicate the types of drugs to be tested in accordance with the type of type of type of the type of type	ith your Agency p mines X(d) (plan. Opiates X (e) I (h) Te submitted to the	a laboratory?	5 ported to the MRO.

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

X Agency MRO ____Agency Primary Liaison

(b) Supervisors: Yes X No

13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug—free workplace plan?

(a) Employees: Yes No X

Part IV Cost and Pricing Profile

	Specify contract pricing for:
	Laboratory services
	Full-service NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. X Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
	Separate pricing, i.e., individual fees charged for initial and confirmation tests.
	Separate pricing, i.e., movidual tees charged for annual and committation less.
	Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?
	X Yes No
b.	Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
	YesX_No
	On average, how many days between specimen collection and notification of testing results?
	5-10 Calendar days
	The following questions are intended to identify extraordinary locations that are unique to your agency.
	The term 'extraordinary' is used here to denote those locations/situations where your agency must
	make special arrangements and/or incurs additional costs to collect a specimen.
_	Do not advant TDDs work at autoprelinant longtions?
Z.	Do any of your TDPs work at extraordinary locations?
	Yes No {skip to Page 5}
	Please describe 'extraordinary' locations.
	5 employees in Germany
P	lease provide the following information about TESTING at extraordinary sites:.
	. 5 Total TDPs at extraordinary locations
	Total number of individuals tested at extraordinary sites
-	•
d	. Were additional costs associated with specimen collection at these sites? YesX_ No
	If yes, what was the total cost of collection at these extraordinary sites
•	. Describe what methods are taken to minimize additional costs at extra writinary sites.
	. •
	PROCEED TO PAGE 5
	FROUEED TO PAGE 3

Part IV Cost and Pricing Profile CONTINUED

5, DRUG TESTING COSTS

L. Administrative TESTING costs*

m. Total costs (items a-L)

á

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

- A CASA CASA CASA CASA CASA CASA CASA C					
(Use Worksheets on Page 6	for other direct te	sting and ad	ministrative o	osts. Enter final t	otals in the table below.)
COLUMN TO THE PROPERTY OF THE				W. W. W. W. W. W.	
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
HEORGICAUU	XXXXXXXXXXX	OMOROOMA TO TO T	0000000000	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Specimen collection	4,576.20	145	31.56	Collection	
b. Laboratory Tests (flat fee)					
a. Initial test	1,364.45	145	9.41	Test	
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples	513.45	15	34.23	Specimen	
h. MRO (fiet fee)					
I. Review of negatives	2,900.00	145	20.00	Specimen	
j. Review of positives	150.00	0	150.00	Specimen	
k. Other direct TESTING costs*	11.750.00	XXXXXXXX	XXXXXXXXXXX	645465555555	

^{*}Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

If there is any office in your agency other than that of the Program Coordinator that provides GENERAL									
AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education. \$									
\$	_ (a) Personnel Office	\$	0	(b) EAP	(Included	in t	he Drug	Program	Office)
\$	(c) Other (please specif	y)							

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

20,909.00

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

REPORT DUE! JANUARY 14, 1994

Return signed and completed form to :

Joseph H. Autry H, M.D.

Director, Division of Workplace Programs

SAMHSA

TO

\$600 Flahers Lane, Rm 9-A-68

Rodeville, Maryland 20857

SAMHSAOWP FAX (201) 443-2628 Diffeet phone brightes as: Hon Armetroring (201) 443-6780

Part I. General Information

Name	PRIMARY LIAISON Christine Darago	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction	
Title Agency Address	Employee Relations Specialist Defense Mapping Agency 8613 Lee Highway	National Security/Defense Public Health/Safety Other	X
1	City: Fairfax State: VA Zp: 22031-2137 (703) 285 - 9441 FAX (703) 285 - 9465 pared by: Nancy Ferraiuolo		
Telephone	(703)285-9441. FAX (703)285 - 946 ed 3/2994	5	

Signature of Agency Head or Senior Policy Official

Chief, Work Force Management Division Official Title

CONTROL INFORMATION - ROR SAMESA USE ONLY AGENCY-ID /94 INITIALS _ DATE RECEIVED DATE ENTERED /94 INITIALS Date Plan Certified

Pa	rt II Status of Plan Imp	iementation						
1.a	1.a Indicate the statement which best describes the status of your plan certification during this reporting period.							
	1. Plan has not been submitted to HHS for approval (attach explanatory note) 2. Plan has been submitted to HHS and reviews are in progress 3. Plan has been certified or agency is a Tier II (certification not required) 4. Other (Please attach description)							
b	. Indicate the types of testi	ng included in y	our plan (che	ck all that	apply).			
	X 1. Reasonable susp y 4. Volunteer	$ \begin{array}{ccc} & \times & 2 \\ & \times & 6 \end{array} $	Accident or us Follow—up	nsafe prac	to• _	X 3, Ra X 6, Ot	ndom selection itside applicant	
C.	Was plan fully implementX Yes {SKIP TO 3.a}	ed (including a	ll testing and r No	non—testin	g comp	onents) d	luring this reporting period?	
2.4	Were all non-testing com	ponents of you	r plan (e.g. E. No	VPs, trainin	g etc.) 1	fully imple	mented during this reporting period?	
	b. Are any prerequisites to testing missing? Yes X_ No If yes, check all that apply 60 - day notice 30 - day notice Services of a certified laboratory Collection services Collection services Services of a Medical Review Officer Other (Please specify)							
d .	d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.							
	columns under 'status of'	testing for each	h type of testir	ng included	in you	r agency	plan.	
	CONUMNS under 'status of		ting (Check expr	oprisse colum	n(s) or sp	pecify other	(988an(p))	
	columns under 'status of			oprisse colum	n(s) or sp	edly other SCR	Other reasons not implemented	
	esonable suspicion	Giatus of lea Fully Implemented	ting (Check score	VED	n(e) or e	edly other SCR	7988an(p))	
AO Ha	esonable suspicion cident or unsafe practice adom selection	Fully implemented X Y	ting (Check score	VED	n(e) or e	edly other SCR	Other reasons not implemented (FLEASE DESCRIES)	
A 8	esonable suspicion cident or unsafe practice ndom selection lunteer	Fully Implemented X X	ting (Check score	VED	n(e) or e	edly other SCR	Other reasons not implemented (FLEASE DESCRIES)	
\$0 \$0 \$0 \$0	esonable suspicion cident or unsafe practice ndom selection lunteer llow — up taide applicant	Fully implemented X Y	ting (Check score	VED	n(e) or e	edly other SCR	Other reasons not implemented (FLEASE DESCRIES)	
Ac Pla Vo Fo Ou Ins	esonable suspicion cident or unsafe practice ndom selection lunteer llow - up teide applicant ide applicant	Fully implemented X X X X X X	EN301	opride oclum VED	perial	acity other	Other reasons not implemented (PLEASE DESCRIBE) Partial Implementation *	
Ac Pa Vo Fo Ou Ins e. (esonable suspicion cident or unsafe practice ndom selection lunteer llow — up taide applicant	Fully implemented X X X X X A X A A A A A A A A A A A A	ency's plan wen, briefly describe projected of.	Septime column VED List on hold ribe below date for the ling p	or restricts and remove	icted for a nure of the r	Cther reasons not implemented (FLEASE DESCRIED) Partial Implementation * In external cause delay, its cause, estriction.	

Part III	i Oper	retions	Profile
----------	--------	----------------	---------

The state of the s	se provide the following information relating to the total number of: III - time equivalents (FTEs) 7,963 b. E.O. 12564 Sensitiv			itive positions 7.69			
If your agency tester	d this period,	answer q	uestions 2-	-4, if not, go to	question 5.		
2. Percent of TDPs tested a. Per year according to y	your pien 14	%	t	. Actual this reportin	g period7	%	
3. According to your plan, t	what is the numb	er of times pe	n Near Aont se	ency takes random	samples?		
4.a If your plan includes ins All Positions				oject to that testing? Some TDPs			
b. If your plan includes ou		istina which	Docitions ere	artist to their disc	m*)		
All Positions		All TO	S X	Some TDPs	3 f		
5. Enter the number of posi- positions designated as 1		ensitive by s	ection 7(d) of l	E.O. 12564 and the I	number of		
				Number in	Number	7	
CATEGORIES of Sensitive F	Positions Defined	by E.O. 1256	34	Sensitive	Selected as		
		•		Positions	TDPs		
1. Designated by agency h	ead as Special S	ensitive,					
Critical-Sensitive, or Nonc	ritical — Sensitive						
(FPM Chapter 731 or in acc	cordance with E.C	D. 10450)		7,692	7,692		
2. Positions with access to			* · · · · · · · · · · · · · · · · · · ·			†	
3. Presidential Appointmes						1	
4. Law enforcement officen	6 (5 USC 8331 (20))(5 USC 840	01(17))*			1	
5. Other positions, as deter				XXXXXXXXXXXXXXXXX	XXXXXXXXX		
a. Law enforcement						1	
b. National security							
c. Protection of life and pr	operty						
d. Public health or safety							
e. Other (Please specify)							
The second citation is not in	nctuded in E.Q. 1	2564.				Į.	
indicate the types of drugs X (a) Cocsine X (b) Please specify others: (f) a During this period how π b. Please indicate the company X	Marijuana) many blind quality	(c) Amphetai (g) control spec	mines X (c	f) Oplates X (e) (h) were submitted to the	e laboratory?		
lumber of:	Negative	Positive	Total				
pecimens	42	11	53				
correct responses	42	111	53				
c. If there were unacceptal X Always d. If 'always' or 'sometime	Sometimes	Never sible for mair	taining these		di the results?		

FROM HQ ANNEX TO 96937588

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III	Operations	Profile	CONTINUED
/ GIL !!!	-Velencie	- IOIIE	COMMINACED

y No	Yes (please speci	ity which Agency plan)		
. Specify the names of the	contractors (1a) or the name	of the agencies (1 b,2,3) tha	it provide the drug tes	ting services;
	a. Collecton	b. Laboratory	o. MRO	d. Blind quality
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DOGO O SERVICIO DE	KIOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	LOCOCULOUS
a. Private irm	JSA Occu-Resource	e EHRT	Occu-Health	Occu-Heal
b. Public agency				
2. Riding snother agency	Dept of Interior	Dept of Interior	Dept of Inter	ior
. Irhouse				
b. During this reporting preceived training on the (1) Number of empty. c. Indicate the topics cover	y use and effects on performant EAP to the drug—testing proc t, rehabilitation, confidentiality	eve been provided with educ r other espects of your Agen ent of total employees 30 casion program (check all the nd program are and conduct gam	ostional material or cy's drug-free workp %	
	ten material and presentations y been a continuing training and			dentify
and address illegal dru b. During this reporting p drug—free workplace (1) Number of supe	g use by employees: period how many supervisors re program? rvisors 110 (2) Percer	Yes No No scoived training on the Agent of total supervisors 6	cy's %	····,
Agency's substant Types and effects Symptoms of drug How to identify em Role and operation Intervention and re Return of employe d. Check all the forms of	use and effects on performan ployees in need of assistance of the EAP ferral to the EAP to workplace and follow—up education and training that appendiculation of the entire of the enti	nd progam ce and conduct ply: video programs Gro	oup discussions and p	
	estimate of the percent of curre lucation/training/awareness off s 99 % (b) I		O. 12564.	VER
	le an orientation package and, lrugs and and/or other aspects No (b) S		workpisce pisn?	'8

Part IV Cost and Pricing Profile Specify contract pricing for: Laboratory services Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. Separate pricing, i.e., individual fees charged for initial and confirmation tests. 2.s. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required? ___<u>v</u> Y≪ b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug? ____ Yes 3. On average, how many days between specimen collection and notification of testing results? 14 Calendar days 4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen. a. Do any of your TDPs work at extraordinary locations? X No {skip to Page 5} ____ Yes Please describe 'extraordinary' locations. Please provide the following information about TESTING at extraordinary sites:. b. _____Total TDPs at extraordinary locations Total number of individuals tested at extraordinary sites d. Were additional costs associated with specimen collection at these sites? _Yes ___No If yes, what was the total cost of collection at these extraordinary sites e. Describe what methods are taken to minimize additional costs at extraordinary sites.

AGENCY Defense Mapping SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

TO SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993 Defense Mapping

Part IV Cost and Pricing Profile CONTINUED

K.	DRI	UG.	"ES	ING	CO	STS

Please provide the following	DRUG TESTING cost information or best estimates for this reporting period	đ.
------------------------------	---	----

Page 5					
(Use Worksheets on Page 6 for	other direct tes	ding and admi	nistrative o	osts. Enter inal t	otals in the table below.)
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this tern only)
	XXXXXXXXXXXX	Mineralise	FANDAME	*****	
s. Spealmen collection	\$22.442.0	683	\$32.82	Per Test	
b. Laboratory Teets (fini fee)	\$ 7.137.4	8 737	\$ 9.68	Per Test	
o. Initial test					
d. Confirmation test (list fee)					
. Negative test					
. Positive test					
g. Quality control earnples					
n. MRO (fini fee)	\$119.25	53	\$2.25	Per Result	
, Review of negatives					
. Review of positives					
k Other direct TESTING costs*	\$250.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		The second secon	
Administrative TEBTING costs* \$1.		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a-L) \$1	3.143.81	200000000000	XXXXXXX	OXXXXXXX	

^{*}Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

If there is any office in your agency other than that of the Program Coordinator that provides GENERAL
AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.
\$(a) Personnel Office \$(b) EAP
\$(c) Other (please specify)

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, If not, proceed to Page 7 Part VI.

Workshoots!	Other Direc	t Testing Costs	(item 5k) and	Administrative costs	(item 51)
11011001	00101 01100	. 10011119 0 0 0 11	1		

Item 5.k OTHER DIRECT TESTING COSTS

Column (1) — Provide costs for those items directly related to the testing process and not part of the pricing of items 6a—j. Column (2) — if included in items 5a—j, indicate the item (a—j) under the cost reference item (REF) column.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
to constant with and other minorillangues collection materials			
L Specified Kie and Objection		1	
W Respecting of complete			
TO ELECTION OF THE COURT OF THE			
v. Handling costs for rejected specimens or canonilations		ļ	
Cost of acturement assists DATING			
yii, Applicant travel costs	\$250.00	10000000000000000000000000000000000000	
2016:=R-Cocket Pinter member subout-			
V₩,			
X			
TOTAL OTHER DIRECT COSTS (Sum 1-1) Here and them SK	\$250.00		

Item 6.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items I-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (1-ix*) except (41).

Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i challenge and hangfitt)	\$128,000		
i. Staff costs (salaries and benefits) Staff Yaining Costs	\$ 1,220		
ii. Staff tavel costs	\$ 675		
W. Laggi opera	\$ 3,050		
Substanced mailing access	\$ 120		
v. Printing and mailing costs V. Education program costs: Office of the Program Coordinator	\$ 130	XXXXXXXXXXXXXX	TO THE PROPERTY OF THE PROPERT
OTHER COSTS (Please specify below):			
OTHER GOOTE P. GOOD CO.			
VIII.			
			MANUFACTURE AND THE PROPERTY OF THE PROPERTY O
X TOTAL ADMINISTRATIVE COSTS (SUM I - IX)	\$133,195.00	XXXXXXXXXXXXXXXXXX	COMMINGE
x. TOTAL ADMINISTRATIVE COSTS (SUMTING ADMINISTRATIVE COSTS:Here and item	M XXXXXXXXXXXX	XXXXXXXXXXXX	\$133,195.00

PROCEED TO PAGE 5 Question 6

SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993

Part V. Testing Results			NU	MBER OF PER	SONS BY THE				
			BA	SIS FOR ADMI	NISTERING TES	~~~~~	· · · · · · · · · · · · · · · · · · ·		
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	LOTTOM-CE	APPLI	CANT TESTING	
		. SPICION	OR UNSAFE PRACTICE	SELECTION			OUTSIDE APPLICANT	INSIDE APPLICANT	Reported 84 CQMBMED
36.									1.00
TOTAL TESTED	730			641					89
fotal refusing tests									
Total verified positive	6	 		5					
Perified positive for:	*******	XXXXXXXXXX	**********		XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	******	000000000	* 2000000000000000000000000000000000000
COCAINE	2	A A A A A A A A A A		<u></u>	, , , , , , , , , , , , , , , , , , ,		representation of the second	Audien to pertition	, , , , , , , , , , , , , , , , , , , ,
MAPILEUNA	3								
AMPHETAMINES									
OPIATES									ļ
PCP				ļ <u> </u>					
OTHERS									
						3100			
			Alexander alle alexandre			l Sassasa sasaban sasaban		#*********** ****** ***	
Part VI. FOLLOWUP ACTIC					aut Iallow-up a				
lor employees whose urinalysis wa	s VERIFIED POS	ITTVE, tempered	i with the spec	imens, reluted	i wating or to co	operate, or ma	ne otherwise t	ound	
to have used, possessed or sold ill	egal drugs. Che	ck eli thai eppiy							
1. DISCIPLINARY AND NONDISCIP	LINARY ACTION	IS PROPOSED	NO/OR TAKE	N BY TYPE OF	ACTION				
NUMBER OF EMPLOYEES:									
NON DISCPLINARY ACTIONS	6 ,	MUMERE		ADOMENUE O	OLIETS:			Market and the second	
Referred to EAP		5							
Required return to work followup tests		5							
Detailed from TOP to nonsensitive position		5							
Permanere Reassigrement	A1	-							
Redrament		1							
Resignation	· · · · · · · · · · · · · · · · · · ·								
Ohe		<u> </u>							
DISCAPLINARY ACTIONS	*******	PROPOSED	TAGN	ADDITIONAL	COMENTS			22372	
Willen Reprintend									
Suspension less than 16 days									
Suspension 15 days or more		15							
indelnite exspersion				-					
Demoisin Removal/seperation -									
Enlorged Lame									
2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:	CTIONS BY TYP	E OF DISCIPLIN	LARY ACTION						
PEACOUR		SEPARATIONS:	CINEA ACTIONS	ADOMONU	CLEMENTS				
Possession of drugstealing at work									
Conviction for a drug offense									
Direct observation of drug use									, •·
Returing urinelysis		ļ							· · · · · · · · · · · · · · · · · · ·
Specimen sumpering		ļ							
Tested positive for drug use: first finding		 ;	_ 5						
Tested possible for drug use; second find	IING	0							
Relumi to cooperate									
Fellure to suspensively complete EAP									
Recommended count eling/treatment									
Other ressons				-			_1-		

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL PEPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1894

Return signed and completed form to :

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fishers Lane, Rm 9-A-53

Rockville, Maryland 20257

SAMHSAOWP FAX (201) 443–2636 Direct phone inquires to: Ron Armstrong (201) 443–6780

Part I. General Information

Name	PRIMARY LIAISON George R. Kelle	r, P.D.,M.Sc	(M43)	PRIMARY AGENCY MISSION (SELECTIONE) Law Enforcement/Drug Interdiction	
Tite	Drug Program Co			National Security/Defense	
Agency	National Securi	ty Agency		Public Health/Safety	
Address	9800 Savage Roa	d		Other	
	Fort George G.	•	755 - 6000	<u></u>	
	City:	State: Zip:	•		
Telephone	(301)688-8913	FAX (301)688	- 5487	
Report prep	ared by:	·			
Telephone	() -	FAX () -		
Date Prepar	ed 12/28/93				

Stephen a dop3

Stephen A. Lopez

Signature of Agency Head or Senior Policy Official

Director of Health Services Official Title

CONTROLINFORMA	TIC)N	FOR SAMH	SA USE ONLY
AGENCY-ID				-
DATE RECEIVED	7	/94	INITIALS	gr [*]
DATE ENTERED	1	/94	INITIALS	
Date Plan Certified		1	1	

*	MAY 05 '94 0	3:13AM					P.3
GENCY_	NATIONAL SEC	URITY AGL	-SEMI - A	NNUAL RE	PORT A	pril 1, 199	3 - Se_mber 30, 1993
Part II Sta	tus of Plan Imple	mentation					
a Indicat	e the statement whic	ch best describ	es the statu	s of your pi	an certi	ication du	ring this reporting period.
2	. Plan has not been . Plan has been sub . Plan has been cert . Other (Please attac	mitted to HHS ified or agency	and reviews	are in prog	ress		a). {Survey completed} {Survey completed}
b. Indicat	e the types of testing	g induded in y	our plan (ch	eck all that	apply).		
<u>_X_1</u>	. Reasonable suspic . Volunteer	$\frac{X}{X} = \frac{2.7}{5.1}$	vecident or a follow—up	unsafe prac	ntice _	3. Ran X 6. Out	idom selection iside applicant \underline{X} 7. Inside applicant
c. Was pl	lan fully implemente es {SKIP TO 3.a}	d (including all	testing and lo	non-testir	ng comp	onents) d	uring this reporting period?
.a Were a	ll non-testing comp es	onents of your		APs, trainir	ng etc.) 1	ully imple	mented during this reporting period?
If yes, 60 Se So	y prerequisites to test streck all that apply. I — day notice ervices of a certified ource for quality control of the control	laboratory troi specimens		30 Co	-day no llection s rvices of	ervices	i Review Officer
d. Forea	ere restrictions or ho uch type of testing, in ns under "status of t	ndicate the stat	us of implen	nentation d	uring th		Yes No {Skip to 3a} g period. Check the appropriate
COTUIT	iis under Status Or o		ting (Check sp				
			ENJC	NED	LA	BOR	
		Fully implemented	partial	اابهٔ	perties	Nil	Other reasons not implemented (PLE45E DESCRIBE)
Reasonab	le suspicion		<u> </u>				
Accident o	or unsafe practice						
Accident of Random s	or unsafe practice election						
Accident of Random s Volunteer	or unsafe practice election						
Accident of Random s Volunteer Follow – up	or unsafe practice election						
Accident of Random's Volunteer Follow - up Outside as	or unsafe practice election o policant						
Accident of Random s Volunteer Follow-up Outside app Inside app Inside in item in item.	or unsafe practice election o policant	abor negotiatio	n, briefly de:	scribe belo	w the na	ture of the	delay, its cause,
Accident of Random's Volunteer Follow-up Outside applications, liftyou in i.e., liftighow ma	or unsafe practice selection poplicant idicated that testing ation (enjoined) or larry employees are in	abor negotiation pacted, and	n, briefly de the projecte	scribe belo	w the na	ture of the	e delay, its cause, restriction.
Accident of Random's Volunteer Follow-up Outside appinside appinside, littig how ma	or unsafe practice election pplicant blicant dicated that testing attion (enjoined) or k	abor negotiation pacted, and	n, briefly de the projecte	scribe belo	w the na	ture of the	e delay, its cause, restriction.
Accident of Random's Volumeer Follow-up Outside appinside appinsid	or unsafe practice selection poplicant idicated that testing ation (enjoined) or larry employees are in	during this peri	n, briefly de the projecte od.	scribe belo	w the na	ture of the	e delay, its cause, restriction.

PAGE 1

Part I	II C	perations	Profile
--------	------	-----------	---------

	FTEs) <u>Classified</u> b.E.				c. TDPs All (Number of position
lf your agency tested	this period, answer q	uestions 2	-4, if not, go to c	uestion 5.	
. Percent of TDPs tested a. Per year according to y	ourplan N/A %	(o. Actual this reporting	periodCLAS	ŞIFIED
	hat is the number of times pe				
All Positions	side applicant testing, which	Ps <u>N/A</u> positions are	Some TDPs N/A		
Enter the number of positions designated as T	ions defined as sensitive by s DPs.	ection 7(d) of	E.O. 12564 and the nu	mber of	
	ositions Defined by E.O. 1250	54	Number in Sensitive Positions	Number Selected as TDPs	
. Designated by agency haritical—Sensitive, or Nonc FPM Chapter 731 or in acc	ritical - Sensitive		Classified		
. Positions with access to			V263522244		_
Presidential Appointees					
Law enforcement officers	(5 USC 8331 (20)) (5 USC 84)	01(17))*			1
	mined by the agency head:		XXXXXXXXXX	XXXXXXXX	
s. Law emorcement					
b. National security					
c. Protection of life and pro	оректу				
d. Public health or safety Other (Please specify)					
he second citation is not in	ocluded in E.O. 12564.				ļ
xx (a) Cocaine xx (b)	to be tested in accordance w Marijuana <u>XX</u> (c) Ampheta	mines XX		CP	
Please specify others: (f))	(h)		
	any blind quality control spec position (negative and positiv				
mber of:	Negative Positive	Total			
ecimens	10 10	20			
mect responses if there were unacceptate XX Always	ole blind QC results, would the Sometimes Never	e MRO investi	gate and document all	the results?	
d. If 'always' or 'sometime:	s', who is responsible for mai XX Agency Primary Liai		documents?		

PAGE 2

AGENCY NATIONAL SECURITY AGENCY SEMI - ANNUAL REPORT April 1, 19-4 - September 30, 1993

Has your agency adopted anoth together (this does not include ri	ding another ager	ncy's contract or if another age	that the plans are a ncy performs the ser	dministered vices)?
No	Yes (please :	specify which Agency plan):		
Specify the names of the contra	ctors (1a) or the n	ames of the agencies (1b,2,3)	that provide the drug	testing services:
	Collection	b, Laboratory	o. MAO	d. Blind quality control
COURT OF COMMAND	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	******	*************	
a. Private frm				
b. Public agency				
Riding shother agency		100 00000000000000000000000000000000000	1717	ARMED FORCES
Inhouse	XX	COMPUCHEM LAB Triangle Park	XX	INST. OF PATHOLOG
(1) Number of employees Indicate the topics covered in XX Agency's substance abus XX Types and effects of drug XX Symptoms of drug use a X/A Relationship of the EAP to X/A Relevant treatment, rehated. Check all the forms of educated XX Distribution of written max XX Group discussions and p	the employee druings policy, procedured policy, procedured policy, procedured policy on perfect on the drug—testing policy on that apply: sterial	ormance and conduct	i that apply):	
c. Indicate the topics covered in XX Agency's substance abus XX Types and effects of drug XX Symptoms of drug use a XX How to identify employee X/A Role and operation of the X/A Intervention and referral to X/A Return of employee to word. Check all the forms of educa	by employees: now many supervision? CIASSIFIED the supervisory ese policy, procedus and effects on performance of assistance and following the EAP orkplace and following the mand training the second contraining the second contrai	XYes No sors received training on the A- Percent of total supervisors N/ ducational and training program ermance and conduct training tra	gency's	l y) :
	te of the percent on/training/awaren	of current employees and super	rvisors your agency l of E.O. 12564.	

13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug—free workplace plan?

(a) Employees: Yes XX No ____ (b) Supervisors: Yes XX No ____

Part IV Cost and Pricing Profile

AGENCY NATIONAL SECURITY AGENCY SEMI - ANNUAL REPORT April 1, 1983 - September 30, 1993

	PROCEED TO PAGE 5	
*		
TESTING		
ESTABLIS	D LABORATORIES PRIOR TO IMPLEMENTATION OF THE DRUG	
. Describe w	hat methods are taken to minimize additional costs at extraordinary sites. HED_INTERSERVICE_SUPPORT_AGREEMENT_WITH_DOD-	
•		
. yvere addition. If yes, what	was the total cost of collection at these extraordinary sites	
14/000 - delete	onal costs associated with specimen collection at these sites?YesXX No	
CLASSIFI	EII otal number of individuals tested at extraordinary sites	
. CLASSIFI	EDTotal TDPs at extraordinary locations	
	ide the following information about TESTING at extraordinary sites:.	
WORK	ribe 'extraordinary' locations. SITES IN FOREIGN COUNTRIES.	
XX Yes		
Do any of you	ur TDPs work at extraordinary locations?	
make special	wrangements and/or incurs additional costs to collect a specimen.	
The term 'ext	raordinary' is used hare to denote those locations/situations where your agency must	
The following	questions are intended to identify extraordinary locations that are unique to your agency.	
C	alendar days	
On average, h	now many days between specimen collection and notification of testing results?	
Yes		
	itional charges for confirmation tests if the specimen tests positive for more than one drug? XX_No	
	we have the section to the if the specimen tasks positive for more than one drug?	
XX Yes	No	
Indicate whet	ther confirmation of all drugs which initially test positive within a single specimen is required?	
	service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. ate pricing, i.e., individual fees charged for initial and confirmation tests.	
Full-s		
XX Full-s	service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.	

AGENCY NATIONAL SECURITY AGENC SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Workshees on Page of the			Average	Unit of Costs			
	Total	Total	Cost per	(e.g., hours,			
	Costs	Units	Unit	years, per test)		ments (for this item only)	arraneneek
PESTING COBTO	XXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*****	
a. Specimen opilection	N/A						
b. Laboratory Teets (last fee)	N/A						
a. Initial test	930.00	62	15.00				
d. Contirmation test (fixt fee)							
. Negative test							
. Positive test					7075 1107	THAT I'M COCT OF	TECT'
5. Quality control samples	450.00	20	22.50		DOES NOT	INCLUDE COST OF	IESI.
h. MRO (figt lee)							
. Review of negatives	0						
, Review of positives	0				on	MRCMTUG AA	
COther direct TESTING costs	0			XXXXXXXXX		TESTING QC	
L Administrative TESTING ocess*	0			XXXXXXXXXX			
m. Total costs (items a-L)	1380.00			XXXXXXXXX			

If there is any office	e in your agency other than the	at of the Program	n Coordinator	that providestimates b	es GENERAL	L
AGENCY-WIDE	Drug Education, indicate the	actual education	n costs or best o		y the source o	f that education.
•	(a) Personnel Office (c) Other (please specify)	2	(b) EAP			

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

GENCY NATIONAL SECURITY AGENCY SEMI - ANNUAL REPORT April 1, 1993 - Sep John 30, 1993

Vorksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

tem 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) — If included in items 5a - j, indicate the item (a - j) under the cost reference item ("REF") column.

	(1)	167	
AND CATEGORIES	COSTS	ITEM REF	Comments
COST CATEGORIES	^	N/A	
i. Specimen kits and other miscellaneous collection materials	<u> </u>		
i, Specimen krs and other miscellaneous collector materials	00	N/A	
··· · · · · · · · · · · · · · · · · ·	0	N/A	
iii. Bay coding of samples No Electronic stansies of Bettreaults	0	N/A	
La III And en incided enactiment of CRECONSTORS	Ó	N/A	
V. Handling costs for rejected spectitions a City	0	N/A	
Cost of adulteration Missing Daniels			
vii. Applicant travel costs	0	N/A	
vii. Applicant travel costs OTHER COSTS (Plasse specify below):	erine del progresso por especial percentador O Progresso de Carda de Carda do Carda Como de Carda Card	interest in the second of the second of	
144			
		1.21	
ZER TOTAL OTHER DIRECT COSTS (sum I=x):Here and item 5K	0	N/A	

IteM 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi").

Sum line items (i-ix) for Columns (i) and (3) and place in line items 'x' and 'xi' respectively.

Carrie William I.	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	0	0	0
Staff training costs	0	0	0
III Chaff travel pooks	1 0	0	0
W. Legal costs	0	0	0
Billian and mailing coets	()	0	0
Priming and mailing costs Vi Education program costs: Office of the Program Coordinator	0		**************
ATUED CASTS (Places specify below):		The desired of the second of t	
A			
1.623			
VIII.		1727/1124/4747474	
TOTAL ADMINISTRATIVE COSTS (sum i – ix)	0		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	ı XXXXXXXXXX	φαχαχαχαχαχ	X 0
	M htt 2000 fellsteljelt tegt paset baterte sted	the annual betray the second	THE RESERVE OF THE PROPERTY OF

DDOCEED	TO	DAGE	50	upetion	F

AGENCY NATIONAL SECURITY AGENC - MIANNUAL REPORT: April 1, 1993 - Sept Jer 30, 1993

Part V. Testing Results					ISONS BY THE NISTERING TE				
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING OUTSIDE INSIDE		Reported as
		1	PRACTICE			44.400.000	APPLICANT	APPUCANT	COMBINED
							800000000000000000000000000000000000000		
MOTAL ISSIED	62	0	0	0	N/A	62	0	N/A	0
rotal refusing tests									
Total verified positive	XXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXX	OCCUPANT)	XXXXXXXX	X
Perified positive for:	0								
MARUUMA	0					ļ		<u> </u>	-
AMPHETAMINES	0					+	 	 -	
OPIATES	0			-	<u> </u>		ļ	-	-
PCP	0				1		-		
OTHERS									
			 				1		
The second secon		Please provide	en e	Participation of the Control of the			de branchistation and sept.		
I. DISCIPLINARY AND NONDISCIF	LINARY ACTK					a come or sometimes	and the second second	·	vo svojenos koji vijek
NON DESCRIBARY ACTIONS		NUMBER		ADOTTONAL	COMMENTS			***	
THE PROPERTY OF THE PROPERTY O	"de dispersable de la comité destruction de la comité destruction de la comité destruction de la comité de la comité de la comité de la comité destruction de la comité destruction de la comité destruction de la comité de la co		1 24			the state of the s			
Relation to EAP	nd nd dependent programme in the second	N/A				Secretaria de la composición del composición de la composición dela composición del composición de la composición dela composición del composición del composición del composición del composición del composición del composición dela composición de			
Related to EAP	***************************************	N/A N/A				5 110 000 000			
Referred to EAP Required return to work tollowup tests		N/A							
		N/A N/A N/A							
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive positions Permanent Reassignment		N/A N/A N/A							
Related to EAP Required return to work followup testa Detailed from TDP to nonsensitive positic Permanent Reassignment Referement		N/A N/A N/A							
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive positive Permanent Reassignment Resignation Other	on	N/A N/A N/A N/A N/A N/A							
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive postitive Permanent Reassignment Resignation Other DISCIPLINARY ACTIONS	on	N/A N/A N/A N/A N/A N/A N/A				The second secon			
Related to EAP Required return to work followup tests Detailed from TDP to nonsensitive positic Permanent Resssignment Retirement Resignation Other DISCIPLINARY ACTIONS Written Reprimend	on	N/A N/A N/A N/A N/A N/A N/A N/A N/A							
Related to EAP Required return to work followup tests Detailed from TDP to nonsensitive positive Permanent Resessionment Resignation Other DISCIPLINATY ACTIONS Written Reprimend Suspension less than 15 days	on	N/A N/A N/A N/A N/A N/A N/A N/A N/A							
Related to EAP Required return to work followup tests Detailed from TDP to nonsensitive positic Permanent Resssignment Retirement Resignation Other DISCIPLINARY ACTIONS Written Reprimend	on	N/A							
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive postitive posti	on	N/A							
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive postitive Permanent Resistignment Resignation Other DISCIPLINATY ACTIONS Witten Reprimend Suspension test than 15 days Suspension test than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation	on	N/A							
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive postiti Permanent Reassignment Retirement Resignation Other DISCIPLINARY ACTIONS Written Reprimend Suppersion test than 15 days Suspension 15 days or more Indefinite suspension Demotion Removel/separation Enforced Leave	on .	N/A	TAKEN	ADE-TIONAL					
Referred to EAP Required return to work followup tests Delailed from TDP to nonsensitive postitive Permanent Reassignment Resignation Other DISCIPLENARY ACTIONS Whiten Reprimend Suspension test than 15 days Suspension 16 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY	on .	N/A	TAKEN	ADE-TIONAL					
Reterred to EAP Required return to work followup tests Delailed from TDP to nonsensitive positive Permanent Resssignment Reterment Resignation Other DISCIPLINARY ACTIONS Whiten Reprimend Suspension less than 15 days Suspension 15 days or more indefinite auspension Demotion Removal/separation Enforced Lesve 2. REASONS FOR DISCIPLINARY AND AREA OF EMPLOYEES:	ACTIONS BY T	N/A	TAKEN TAKEN NARY ACTIO	ADC-TIONAL	COMMENTS				
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensitive positive Permanent Resistignment Reference Reference DISCIPLINARY ACTIONS Whiten Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY AND AREA OF EMPLOYEES:	ACTIONS BY T	N/A	TAKEN TAKEN NARY ACTIO	ADC-TIONAL					
Required to EAP Required return to work followup tests Delailed from TDP to nonsensitive positive Permanent Reassignment Restrement Resignation Other DISCIPLINARY ACTIONS Witten Reprimend Suspension test than 15 days Suspension 15 days or more indulinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:	ACTIONS BY T	N/A	TAKEN TAKEN NARY ACTIO	ADC-TIONAL	COMMENTS				
Referred to EAP Required return to work followup tests Detailed from TDP to nonsensive poetit Permanent Resssignment Restrament Restrament DISCEPLENARY ACTIONS DISCEPLENARY ACTIONS Witten Reprimend Suspension test than 15 days Suspension 15 days or more indefinite suspension Demotion Removel/separation Enforced Leave 2 REASONS FOR DISCIPLINARY MUMBER OF EMPLOYEES: PRESSOAS	ACTIONS BY T	N/A	TAKEN TAKEN NARY ACTIO	ADC-TIONAL	COMMENTS				
Required to EAP Required return to work followup tests Delailed from TDP to nonsensitive positive Permanent Reassignment Resignation Other DISCIPLINARY ACTIONS When Reprimend Suppersion less than 15 days Suspension 15 days or more indefinite auspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY NUMBER OF EMPLOYEES: PERSONS Possession of drugeriselling at work Conviction for a drug offense Direct observation of drug use	ACTIONS BY T	N/A	TAKEN TAKEN NARY ACTIO	ADC-TIONAL	COMMENTS				
Required to EAP Required return to work followup tests Delabled from TDP to nonsensitive postitive Permanent Reassignment Resignation Other DISCEPLEMARY ACTIONS Whiten Reprimend Suspension test than 15 days Suspension 15 days or more indelinite auspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY NUMBER OF EMPLOYEES: PERSONS Possassion of drugs/selling at work Conviction for a drug offense Direct observation of drug use Refusing urinalysis	ACTIONS BY T	N/A	TAKEN TAKEN NARY ACTIO	ADC-TIONAL	COMMENTS				
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FFDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

FERORIDE JANUARY 14, 1944

Part I. General Information

Name	PRIMARY LIAISON				PRIMARY AGENCY MISSION (SELECT ON	
Tite	Joyce B. Turne	er coc	ie BC	_	Law Enforcement/Drug interdiction	E)
Agency	Personnel Mana Defense Inform	nation Systems	Agency	-	National Security/Defense	Y
Address	701 S. Courtho	ouse Road		-	Public Health/Safety Other	^
	Arlington, VA	22204-2199		-	Ou le	
	City:	State: Zip:		-		
	(703) 692-3990	FAX (703)692 -	- . 1812	9	
Report prep	pared by:loyce B.	Turner	/ 536 =	1012	•	
i elephane	(703) 692-3990	FAX (703)692	1812		
Date Prepar	red 02 /34/94	.,36 (, 40	1072 -	1012	•	

MICHAEL F. SLAWSON

Signature of Agency Head or Senior Policy Official

Director, Center for Agency Services
Official Title

CONTROLEMEDRA	ATION - FOR SAMHSA USE ONLY
AGENCY-ID	TOW POWING ONE ONE A
DATE RECEIVED	/ /94 INITIALS
DATE ENTERED	/ /94 INITIALS
Date Plan Certified	/ / /

A Indicate the company whi	ementation		_			*
a Indicate the statement whi						
1. Plan has not been 2. Plan has been sub 3. Plan has been cert 4. Other (Please attack	ativided to PIPS Hiffed or agend	ovis a Tier II (c	GFA IS SE		•	ote) {Survey completed} {Survey completed}
b. Indicate the types of testing	g included in	your plan (che	ck all that	appiy).		
X_1. Ressonable suspic X_4. Volunteer	xon <u>x</u> 2.	. Accident or u . Follow-up	nsafe pra	≃tice _	X 3. R. X 6. O	andom selection Fulside applicant <u>x</u> 7. Inside applicant
_X_Yes {SKIP TO 3.a}	a (including a 	ui testing and i No	10N – testi:	ng com	onents)	during this reporting period?
Were all non—testing comp	onents of you	r plan (e.g. E/ No	VPs, trainii	ng etc.)	hity impl	emented during this reporting period?
Are any prerequisites to tes If yes, check all that apply: 60 - day notice Services of a certified ! Source for quality cont Other (Please specify)	laboratory		30	-day no lection : vices of	POVICES	24 Review Officer
Are there restrictions or hole. For each type of testing, in	dicate the stat	tus of impleme	Intation di	wing the	ran ortin	Yes X No (Skip to 3a) Ig period. Check the appropriate
columns under "status of to	TOURS TO GOL	ALIANA OL MOSEU	ig incilige	a in von	f Adeney	cian
	Statue of ter	sting (Check appro	priste colun	Mn(s) or =	active category	March
		ENJO	ÆÐ	- 44	OR	
esonable suspicion	Fully Implemented	pertial	1,4	perte	S.all	Other reasons not implemented (PLBASE DESCRIBE)
cident or unsade practice						
Adom selection		-	-			
	1	1				
Now-up						
llow-up tside applicant						
Now-up riside applicant side applicant						
Now-up riside applicant side applicant If you indicated that testing u i.e., litigation (enjoined) or int	nder your age sor negotiation pacted, and t	ency's plan wan, briefly describe projected c	s on hold ribe below late for the	or restri	cted for a	an external cause of delay, its cause, restriction.
Now-up iside applicant ide applicant If you indicated that testing up io, litigation (enjoined) or int	nder your age oor negotiatio pacted, and t	ency's plan wa n, briefly describe projected o	s on hold ribe below late for the	or restrict the nate remov	cted for a	an external cause delay, its cause, estriction.
Now - up itside applicant ide applicant if you indicated that testing us i.e., litigation (enjoined) or late how many employees are implementations.	pacted, and t	the projected c	s on hold ribe below late for the	e remov	ure of the	delay, its cause, restriction.
Now-up itside applicant side applicant side applicant if you indicated that testing us i.e., litigation (enjoined) or late how many employees are implementation and testing conducted du if no, what were the reasons? Reason stated in question No situation arose which	pacted, and the participation of the participation	od.	Yes	skip to	Part III	delay, its cause, restriction.

Systems Agency

Please provide the folional form of the folion	# (FTEs) 1939	h FO 1966	Imber of: 4 Sensitive positions 18		
	, 223	U, E.U. 1230	e sensitive positions 1	399	c. TOPs 500
			(Number o	of positions)	4
If your agency test	ed this perio	d, answer questio	05 2-4 H not		
2. Percent of TDPs tested				o question 5.	
& Per year annualis - to					
A. Per year according to	your plan 20	%	b. Actual this report	ina nasia 4 a	
3. According to your man			topor	uid beuod 0	%
3. According to your plan.	, wrut is the num	iber of times per year y	our agency takes randon	1 Samples 2	
4.4. If your plan includes in	ride anniante	A :		. amithies:	-
4.4. If your plan includes in All Positions	eres abbacilis	esting, which positions :	ere subject to that testing	7	
b. If your plan includes o	' —— U <i>ll</i> eide annine —	All TDPs X	Some TDPs	•	
		ALLICE DOMINOUS	S All Subject to that were		
		A TOPS A	Some TDPs		
i. Enter the number of pos	ilions defined se	candia harra		-	
Enter the number of pos- positions designated as	TDPs.	sensiave by section 7	d) of E.O. 12564 and the	number of	
CATEGORIES of Sensitive	Positions Lefine	d by E.O. 1958a	Number in	Number	7
			Sansitve	Selected as	
1. Designated by agency !	head as Special	Sensitive	Positions	TDPs	
ALCOHOLOGICAL CONTRACTOR OF MOUNTAINED	oritical — Secritic	•			1
(FFM Chapter 731 or in ac	cordance with E	O 10450	1000		}
- Lorianie Mill Scoots to	Cizesiaed Intom	ration	1899	500	ĺ
3. PT WINDSPIECE ADDOININGS			1899	500	
4. Law enforcement officer. 5. Other positions and determined to the control of	s (5 USC 8331 (2	0))(5 USC 8401/17)1*			
TO THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES	mined by the ag	ency head:	0		
environment			***************************************	XXXXXXXXX	
b. National security					
c. Protection of its and pr	operty				
d. Public health or safety					
e. Other (Please specify)					
The second citation is not in	ncluded in EQ. 1	2564.			
indicate the types of drugs	to be tested in a	CCOrdance with your A.			
X (a) Cocaine (b) (b) lease specify others: (f)	Marijuana X	(C) Ampheterines Y	leuch bigu		
wase specify others: (1)		(g)	(d) Oplates X_(e)	PCP	
During this period how m	and blind and it.		(n)		
During this period how ma	any pand drawn	control specimens (QC	s) were submitted to the	laborata ()
). Please indicate the comp mber of:	position (negative	B and positive of the C	30	aboratory?	
mber of:			-s and the number of cor	rect responses re	DOMAN to the MOO
cimens	Negative	Positive Total			Paris of Sie WHO!
rect responses					
. If there were unacceptable Always	le blind QC resul _ Sometimes	ts, would the MRO inve	stigate and document all	the results?	
Lit 'always' or 'sometimes'Agency MRO					
	, who is respons	uble for maintaining the	se documents?		
Ageney MRC					
Agency MRO	Agency	Primary Liaison			

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Systems Agency

AGENCY <u>Defense Information</u> Systems Agency	mationSEMI-ANI y	NUAL REPORT AP	ril 1, 1993 — Sep	itember 30, 19	93
Part III Operations Profile	CONTINUED				à
8. Has your agency adopted a	inother agency's plan (piggyb	acked another plan	n) so that the pla	ns are adminis	pered
- No	on ucing snomer adeuch, 2 co.	intract or if another	adency performs	COONINGS AM 2	•
	Yes (please specify)				
9. Specify the names of the co	ontractors (1a) or the names of	the agencies (15.2	2.3) that provide	Ma dece de dis	
	a Collection	b. Laboratory	- 4400		
	×	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	CONTRACTOR STATE	****************	d. Blind quality control
a. Private trm				······································	AAAAAAA
b. Autilia agency			Pub.	Health Sv	
2. Riding snother agency	John Short & Assuc	EHRT			
3. Inhouse					John Short&Assac
X_ Types and effects of a		progam	k all that apply):		
Symptoms of drug us	e and effects on performance :	and conduct			
_X Relationship of the EA	P to the drug-testing program	n	•		
X Relevant treatment, re	habilitation, confidentiality issu	1 0 5			
d. Check all the forms of edu					
X_ Distribution of written	material	ludio or video prog	rams		
"X" Group discussions an	d presentations	pecial drug aware	ness promotions		
1.4 Has your agency develope	d a continuing training and ad	(1.1000inn mac	_		
man amen and the first fit fit follows	>C D A 4414D40A4462; V A 555	NA NA		help them ide	ntify
b. During this reporting perio	d how many supervisors recei	Ved training on the	Acon		
and—see wantblace blo	gram?				
(1) Number of supervis	ors 0 (2) Percent of	total supervisors	%		
c. indecate the topics covered	in the supervisory educational	l and training acco	am <i>i</i> check all th	at anniha.	
		rogam		ше прреу).	
	71/00				
Symptoms of drug use	and effects on performance a rees in need of assistance	ind conduct			
X Role and operation of t	lees in need of assistance				
A Hore and operation of 1	ne EAP				
X Intervention and refere	il to the EAP				
X Return of employee to	workplace and follow-up				
d. Check all the forms of educ	cation and training that apply:				
OBSTROUGH OF WITGEN M	aterial X Audio or vide	o programs X	_ Group discuss	ions and presi	entations
Please provide the best esting reached with its drug education.	ion/training/awareness efforts	Ampioyees and sup	ervisors your age	ency has EVER	3
(a) Percent of employees	SO %	And of our and a	of E.O. 12564.		
	(U) P ar C	ent of supervisors	45 %		
L. Does vour goeneu remide as					يعتبعه ياس
· ham alleigh by name of	n orientation package and/or to	aining for new eco			سيسرير
an are discorner or staffer or hills	n orientation package and/or to and and/or other aspects of to No (b) Super	tio Adanovis drug -	ployees and new	supervisors	

Pa	rt IV Cost and Pricing Profile
1.	Specify contract pricing for: Laboratory services
	Y Full-service - NO CEILING (Combo), i.e., first the charged for initial and and
	value vit i Celling (Compo), i.e., hat the charged for initial and confirmation to the
	Separate pricing, i.e., individual fees charged for initial and confirmation tests.
2.8.	Indicate whether confirmation of all drugs which initially test positive within a single specimen is required? YesNo
b.	Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
	Yes X No
3.	On average, how many days between specimen collection and notification of testing results? 10 Calendar days
	The following questions are intended to identify extraordinary locations that are unique to your agency. The term "extraordinary" is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.
4.	Do any of your TDPs work at extraordinary locations?
•••	Yes X No {skip to Page 5}
	Please describe 'extraordinary' locations.
PI h	ease provide the following information about TESTING at extraordinary sites:
	Total number of individuals tested at extraordinary sites
đ.	Were additional costs associated with specimen collection at these sites?YesNoNo
•.	Describe what methods are taken to minimize additional costs at extraordinary sites.
-	
	•
-	
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___ SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

- AGENCY Defense Information
Systems Agency

AGENCY		Information	SEMI - ANNUAL REPORT April 1,	1002 - Canta-taran	
	Systems	Agency	- The state of the	1 and Sehmunger 30'	199:

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksbeets on Page 6				CALL CINE IN	totals in the table below.)
	1		Average	Unit of Costs	
	Total	Total	Cost per	(e.g., house,	
	Costs	Unite	Unit	years, per see)	Additional Comments (for this item only)
	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	COCCOCTOVER	Additional Comments (for this ferm only)
L. Spenimen collection	34.14		34.14	edicatività altrebe de colorità de de colori	
Laboratory Teets (fiet fee)			37.14		
initial test	9.68		0.50		
Confirmation test (figt tes)	76_		9.68		
Nagmilve test	70-	- 	76		
Positive test					
Cuality control samples	35.60		35.60		
MRO (list fee)	500		122.00		
Review of negatives					1,000 per year
Review of positives			+		
Other direct TESTING costs*		760000000	**********	XXXXXXX	
Administrative TESTING costs*	20,580	XXXXXXXX	000000000	TY YEAR WALL	
i. Total costs (fams a-L)	21,160.1	8 concessor.	0100000		

If there is any office in your agency other than the AGENCY-WIDE Drug Education, indicate the	nt of the Program Coordinator that provides GENERAL actual education costs or best estimates by the source of that education.
\$(a) Personnel Office \$(c) Other (please specify)	→(b) EAP

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

Column (2) - If included in items 5e-j, indicate the it					
ST CATEGORIES		(1)		(2)	
		COS	आइ	ITEM REF	Comments
pecimen ids and other miscellaneous collection mater	riels				
ler coding of samples					
Hendling costs for rejected specimens or cancellations					
Log of the later to the later causes Applicant travel costs					
	Ziille ann an Airine				
A CONTRACTOR OF THE PARTY OF TH					
NAME OF THE PROPERTY OF THE PARTY OF THE PAR					
		6555 20 C 20 Cent	*********		
ADMINISTRATIVE COSTS of the DRUG -FREE WORK Column (1) - Provide total administrative costs in item Column (2) - Provide the percent that drug testing adm Column (3) - Multiply Column (1) by Column (2) and n	CPLACE PROGRAMES I – ix. Ministrative costs	are of (Tive costs.
ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) - Provide total administrative costs in item	CPLACE PROGRAME I— ix, ministrative costs place in Column (o in line items 'x')	are of (tive costs. cept ('vi').
ADMINISTRATIVE COSTS of the DRUG-FREE WORK Column (1) — Provide total administrative costs in item Column (2) — Provide the percent that drug testing adm Column (3) — Multiply Column (1) by Column (2) and p Sum line items (1-bd) for Columns (1) and (3) and place	CPLACE PROGRAMES I—ix. Thinistrative costs bace in Column (a. in line items 'x' (1)	are of ((3) for all And 'hij'			pept ('vi').
ADMINISTRATIVE COSTS of the DRUG -FREE WORK Column (1) - Provide total administrative costs in item Column (2) - Provide the percent that drug testing adm Column (3) - Multiply Column (1) by Column (2) and n	CPLACE PROGRAMES i – ix, ministrative costs place in Column (a) in line items 'x' (1). Total	are of (3) for all and hir	line its respect (2)	ms ('i-ix') ex ively,	Tive costs. Copt (Vi). (3) Drug-Testing
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AGENCY DESENSE THORMATION SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993 - SYSTEMS AGENCY

Part V. Testing Results					ISONS BY THE				
		<u> </u>		Υ	NISTERING TE	7	T		
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPU	CANT TESTING	
		SUSPICION	ORUNSAFE	SELECTION			OUTSIDE	INSIDE	Reported as
	2 (5 x 3) x seed		PRACTICE				APPLICANT	APPLICANT	COMBINED
	(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(***************************************			1				
TOTAL TESTED					ļ	<u> </u>			
Sotal refusing tests									
Total verified positive									
Perified positive for:	XXXXXXX	XXXXXXXXXX	CXXXXXX	EXXXXXXXX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********	00000000	XXXXXXXX	<u> </u>
COCAINE									
MARLIJANA AMPLETAMINES				 	 				
OPIATES									
PCP									
OTHERS	ļ		ļ	<u> </u>					
	-			-		ļ		11-1-11-11	
	0.002				*****	****************	*********		
Part VI. FOLLOWUP ACTION		Plerse provide							
for employees whose urinalysis was			with the spec	imens, relused	d lesting or to a	ooperate, or we	ne otherwise i	bund	
to have used, possessed or sold itle;	gal drugs. The	ck all thei apply .							
1. DISCIPLINARY AND NONDISCIPL NUMBER OF EMPLOYEES:	INARY ACTION	S PROPOSED A	NO/OR TAKE	N BY TYPE OF	ACTION				
and the second of the second		N.SEER		ALCHONE	OMENS				
Returned to EAP		NONE							
Required return to work followup sents									
Detailed from TOP to nonsensitive position									
Permanent Reassignment									
Retrement									
Resignation			<u> </u>						
Orac MERCENNATURAL COMPANY		PROPOSED:	TAKEN	ACORDONAL	OT VEHICLE OF				
Witten Reprisend		NONE		- Jean Marie L					
Suspension less than 15 days		1,000					·	•	
Suspension 15 days or more									
Indefinite suspension Demotion		ļ		<u> </u>					
Remont/separation -				 	······································				
Enforced Lame							******		
2. REASONS FOR DISCIPLINARY AC NUMBER OF EMPLOYEES:	CTIONS BY TYP	E OF DISCIPLIN	LARY ACTION						
	**************************************		OTHER		000000000000000000000000000000000000000	****			
7.00	*****************	SEPARATIONS	ACTIONS	ADDITIONAL	COMMENTS	**************************************			
Possession of drugstedling at work		NONE							
Consistion for a drug offense Direct observation of drug use		 		<u> </u>					
Relusing urinelysis									
Specimen tempering									
Tested positive for drug use: first finding									
Tested positive for drug use: second finds	ng			-				-	
Rekmel to cooperate									
Fallure to successfully complete EAP			ļ		· · · · · · · · · · · · · · · · · · ·				
Recommended counseling/treatment									
Other reasons		ــــــــــــــــــــــــــــــــــــــ	L	1	· · · · · · · · · · · · · · · · · · ·				

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

FEPORT SLEET JANUARY 16 1994

Return signed and completed form to :

JOSEPH H. AUTY III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fighers Lane, Rm 9-A-53

Rockville, Maryland 20867

SAM-SADWP FAX (301) 443-2638 Owner phonic incurres to: Roll Americang (301) 443-6780

Part I. General Information

Name Title Agency Address	PAMARY LIASON Paul P. Wolstenholme Personnel Management Specialist Defense Contract Audit Agency Cameron Station, Rm 48319 PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense Public Health/Safety Other DoD Contract Audit and XX	XX
Télephone	Financial Advisory Services CHYAlexandria State: VA Zip: 22304 (703)274-5798 FAX (703)617 - 0877 pared by: Paul P. Wolstenholme	321
1	(703) 274—5798	

Signature of Agency Head or Senior Policy Official

Director, Agency Drug-Free Workplace Program Official Title

CONTROL INFORMATION - FOR SAMESA USE ONLY AGENCY-ID / /94 INTTIALS ___ DATE RECEIVED DATE ENTERED / /94 INTITIALS

AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Il Status of Plan Implement which be indicate the statement which be	nation				الأساد والماري	his reporting period.
II STATUS OF FIGURE 1		مراجم مرسيد	our plan cer	trication	y Grand a	IND toke and to
	. :	M SERTES OF Y	Ora b.m. 20.			(Survey completed)
indicate the statement which be	, — — — — — — — — — — — — — — — — — — —		(attach expl	anatory	note)	(Survey completed)
A hose cill	mitted to HHS 1	or approval	o DIOCHESS			Son sol and and
1. Plan has not been submitted. 2. Plan has been submitted.	ed to HHS and	LENBAZ SIA	cation not N	equired)	
2 Plan (las book)	or aconcy is a	THOT II (CETUS		•		
X 3. Plan me board	accription)					
4, Other (Pipese auseri 4	•	-u- (chack s	u that apply).		
4. Other (Please attact) of testing in	duded in your <u>X</u> 2. Acc <u>X</u> 5. Follows	bian Guana				n calection
' lugicate are tyles of	- 4		de practice	<u>X_</u> ;	3, Handoi	n selection a applicant7. Inside applicant
	. v 2.400	Children area	•		e. Ouble	- approved
A Volumen	<u>X</u> 5. FOR	OH			ate) durin	a this reporting period?
	·inm all to:	aing and nor	1—testing co	Kuboue	tio) com	
1. Reasonable suspicion 4. Volunteer Was plan fully implemented (Ves. (SKP TO 3.8)	Nangard at the	,				- time period?
Yes (SKIP TO 3.4)				- \ 41lN	impleme	nted during this reporting parect.
	ome of your of	an (e.g. EAP	s, training o	M:) IUNY	41-P	nted during this reporting period?
were all non-testing compor	No	7 -				
Yes			No			
b. Are any prerequisities to testi	na missina?	Yes _	NO			
b. Are any prerequisites to test			30 - da	y notic	•	
II Next chees an all and						minus (Minus
60 - day notice Services of a certified to	poratory		Servic	es of a	Medical F	leview Officer
	ol specimens					•
						es No {Skip to 3s}
		are types of	testing?			
Ass there restrictions or hol	de on one or m	iora il has a.				an a sufficient and an oranging to
				na the I	reporting	period. Check the appropriate
M	dicate the stati	is of impleme	BUITEROOM CON	im 14-14-	AGENCY D	an.
d. For each type or repure, an	actions for each	type of testi	ng included	ut your		period. Check the appropriate
d. For each type of testing, in columns under 'status of tr	734114 THE VALUE					
	3122 O AM	ENLO	NEO		2.32.000	Other reasons not implemented
			14	partial	1.0	
	Fully	partial	ļ -			(PLEASE DESCRIBE)
	implemented		_		I	
The suspinion	T			+		
Reasonable suspicion						
Accident or unsafe practice			- 			
Random selection			_	1		
				+	T	
Volunteer				1		
Follow-up			_			
Follow-up Outside applicant						an external cause
Follow - up Outside applicant Inside applicant		rency's plan	was on hold	or rest	ricted for	an external cause
Follow - up Outside applicant Inside applicant	under your a	gency's plan	was on hold	or rest	ricted for ature of the	an external cause ne delay, its cause, restriction.
Follow - up Outside applicant Inside applicant	under your ad	gency's plan on, briefly de the projecte	was on hold escribe belo	or rest	ricted for ature of the	an external cause ne delay, its cause, restriction.
Follow - up Outside applicant Inside applicant	under your against impacted, and	gency's plan on, briefly de the projecti	was on hold escribe belo ed date for the	or rest	ricted for ature of the	an external cause ne delay, its cause, restriction.
Follow-up Outside applicant	under your ag labor negotiati impacted, and	gency's plan on, briefly de is the projecte	was on hold escribe belo ed date for the	or rest	ricted for ature of the	an external cause ne delay, its cause, restriction.
Follow - up Outside applicant Inside applicant	g under your at labor negotiati impacted, and	gency's plan on, briefly de gency's plan	was on hold escribe belo ed date for t	or rest	ricted for attre of the	an external cause ne delay, its cause, prestriction.
Follow - up Outside applicant Inside applicant	g under your ag labor negotiati impacted, and	gency's plan on, briefly de the projecto	was on hold escribe belo ed date for t	or rest	ricted for ature of the	an external cause ne delay, its cause, prestriction.
Follow - up Outside applicant Inside applicant	g under your ag labor negotiati impacted, and	gency's plan on, briefly de the projecto	was on hold escribe belo ed date for t	or rest	ricted for ature of the	an external cause ne delay, its cause, prestriction.
Follow - up Outside applicant Inside applicant	g under your ag labor negotiati impacted, and	gency's plan on, briefly de y the projecto	was on hold escribe belo ed date for t	or rest	ricted for ature of the	an external cause ne delay, its cause, prestriction.
Follow - up Outside applicant Inside applicant	g under your ag labor negotiati impacted, and	gency's plan on, briefly de the projecte				
Follow—up Outside applicant Inside applicant e. If you indicated that testing i.e., litigation (enjoined) or how many employees are	impacted, and	the project				
Cutside applicant Inside applicant Inside applicant I you indicated that testing i.e., laigation (enjoined) or how many employees are	impacted, and	the project	was on hold escribe belo ed date for to			
Pollow—up Quiside applicant Inside applicant e. If you indicated that testing i.e., laigation (enjoined) or how many employees are	impacted, and	the project				
Follow—up Outside applicant Inside applicant e. If you indicated that testing i.e., litigation (enjoined) or how many employees are	impacted, and	eriod.	Y_Yes			
Pollow—up Outside applicant Inside applicant e. If you indicated that testing i.e., laigation (enjoined) or how many employees are 3.a Was any testing conducted.	impacted, and	eriod.	Y_Yes			
Pollow—up Outside applicant Inside applicant Inside applicant Inside applicant I you indicated that testing i.e., läigation (enjoined) or how many employees are how many employees are 3.a Was any testing conducted to the pollowing testing conducted testing testing testing conducted testing te	ad during this p	ariod.	Y_Yes			
Pollow—up Outside applicant Inside applicant e. If you indicated that testing i.e., laigation (enjoined) or how many employees are 3.a Was any testing conducts b. If no, what were the real	impacted, and adduring this p sons? uestions 2b and which called to	eriod.	Y_Yes			
Follow-up Outside applicant Inside applicant e. If you indicated that testing i.e., litigation (enjoined) or how many employees are 3.a Was any testing conducts b. If no, what were the real	impacted, and adduring this p sons? uestions 2b and which called to	eriod.	Y_Yes			
Follow—up Outside applicant Inside applicant e. If you indicated that testing i.e., laigation (enjoined) or how many employees are 3.a Was any testing conducte b. If no, what were the rear	impacted, and adduring this p sons? uestions 2b and which called to	eriod.	Ye:			
Outside applicant Inside applicant Inside appli	impacted, and adduring this p sons? uestions 2b and which called to	eriod.	_x_Yes			
Pollow—up Outside applicant Inside applicant In	impacted, and adduring this p sons? uestions 2b and which called to	eriod.	_x_Yes			
Follow-up Outside applicant Inside applicant e. If you indicated that testing i.e., litigation (enjoined) or how many employees are 3.a Was any testing conducts b. If no, what were the real	impacted, and adduring this p sons? uestions 2b and which called to	eriod.	_x_Yes			

AGENCY Defense Contract Audit Agencyseum - ANNUAL REPORT April 1, 1903 - September 30, 1993

,	TES) <u>5638.2</u>	. 6 . E.O.	. 12564 Sensiti	(Number of p	ositions)	c. TDPs 2380 (Number of position
your agency tested	this period,	answer qu	estions 2-4	, if not, go to	question 5.	
Percent of TDPs tested i. Per year according to yo	urplen <u>4.0</u> °	%	b. /	Actual this reportin	g period <u>4.0</u> °	%
According to your plan, wh	at is the numbe	r of times per	year your ager	cy takes random s	amples? _2	
If your plan includes insid All Positions		All TOP	s	Some TDPs		
. If your plan includes out ————————————————————————————————————	• •	_		bject to that testing Some TDPs	15	
inter the number of positions designated as TO	Ps.			Number in Sensitive Positions	Number Selected as TDPs	
Designated by agency he		ensitive,		. 525515		7
ical—Sensitive, or Noncr						
M Chapter 731 or in acc				5610	2380	
Positions with access to c	lassified informa	tton		2380	2380	
residential Appointees ew enforcement officers	(5 LISC 9221 /20	W/6 LISC 840	1470	<u> </u>		
Other positions, as determ			1(17))	-	0.00000000	*
Law enforcement		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				30
National security			····	0		†
Protection of life and pro	perty			0		7
Public health or safety				0		
Other (Please specify)				0		
second citation is not in	cluded in E.O. 1	2564.				
dicate the types of drugs	4		Ha vara Áaaaa			
$X_{\bullet}(a)$ Cocaine $X_{\bullet}(b)$					000	
Base specify others: (f)		control speci	mens (QCs) w	ere submitted to t	te laboratory?	6
	any band quality	•				
sase specify others: (f)		e and positive	e) of the QCs ar	id the number of c	orrect responses	reported to the MR
ease specify others: (f) During this period how m		e and positive	Total	id the number of ¢	orrect responses	reported to the MR

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

____Agency MRO ___X_Agency Primary Liaison

AGENCY	Defense	Contract	Audit	Agency SEMI	- ANNUAL	REPORT	April 1,	1993	- September 3	0. 1993
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X No	se riding another ag	ency's contract or especify which Ag	if another age	that the plans are ac ncy performs the sen	vices)?
. Specify the names of the cor	ntractors (1a) or the	names of the age	ncies (15.2.3)	that provide the drug	tooting convices.
	a. Collection	b. Labo	rsory	e. M90	d Piter o die
	XXXXXXXXXXX	000000000000000000000000000000000000000	CXXXXXXXXX	200000000000000000000000000000000000000	d. Blind quality con
a Private frm					
b. Public agency				Public Healt	h Cria
2. Riding enother agency	Dept. of Inte	erior (DoI)	DoI	TOPIC MEAN	
3. Inhouse					DoI
 b. During this reporting perior received training on the eff (1) Number of employe 	ects of illegal drugs	and/or other aspe	ects of your Ag	ency's drug-free wo	rkplace program?
(1) Number of employe	in the employee da) Percent of total (employees 5	0 %	
c. Indicate the topics covered Agency's substance at	hise coliny proces	nd equestion back	iram (cneck ali	that apply):	
Types and effects of d		mae and brogan		•	
X Symptoms of drug use	9 ·	formance and con	ort. cod	•	•
X Relationship of the EA			iduçt		• •
Relevant Veatment, ref					
d. Check all the forms of educ		inemity manda			
X_ Distribution of written		Audio or	Midoo Progress		
X Group discussions and			video progran Tug awarenes		
	•			•	
a Has your agency developed	d a continuing traini	ng and education	program for si	upervisors to help the	m identify
and address illegal drug us					•
b. During this reporting period		isors received trai	ning on the Ag	ency's	
drug-free workplace prog					
(1) Number of superviso	xs <u>27</u> (2)	Percent of total su	ipervisors <u>2.6</u>	<u> </u>	
c. Indicate the topics covered	in the supervisory e	educational and tr	zining program	(check all that apply) :
X Agency's substance at		ures and progam			
Types and effects of dr	_				
X Symptoms of drug use			duct	•	
How to identify employ		tance			
X Role and operation of t					
V Intermedian and referen					
X intervention and referra	workplace and folio	•			
Return of employee to	•				
Return of employee to a d. Check all the forms of educ	ation and training t				
Return of employee to	ation and training t		ams <u>x</u> (Froup discussions an	d presentations
Return of employee to a d. Check all the forms of educ x Distribution of written materials.	eation and training t aterialAu	dio of video progr			
Return of employee to a d. Check all the forms of educ x. Distribution of written makes provide the best estimates.	eation and training to aterialAu	dio or video progr of current employe	es and superv	isors your agency ha	
Return of employee to a d. Check all the forms of educ X Distribution of written many Please provide the best estimated with its drug education.	eation and training to aterial Au mate of the percent of ion/training/awaren	dio or video progra of current employe ess efforts since the	es and superv	isors your agency ha E.O. 12564.	
Return of employee to a d. Check all the forms of educ x. Distribution of written makes provide the best estimates.	eation and training to aterial Au mate of the percent of ion/training/awaren	dio or video progr of current employe	es and superv	isors your agency ha E.O. 12564.	
Return of employee to a d. Check all the forms of educ x. Distribution of written many please provide the best estimated with its drug educated a Percent of employees.	eation and training tr	dio or video progr of current employe ess efforts since the (b) Percent of s	es and supervine issuance of upervisors 99	isors your agency ha E.O. 12564. %	s EVER
Return of employee to a d. Check all the forms of educ X Distribution of written many Please provide the best estimated with its drug education.	eation and training to aterial Autorate of the percent of ion/training/awaren orientation package	dio or video progr of current employe ess efforts since the (b) Percent of s	es and supervine issuance of upervisors 99 for new-employ	isors your agency ha E.O. 12564. % /ees and new superv	s EVER

Part IV Cost and Pricing Profile

AGENCY Defense Contract Audit Agency SEMI - ANNU/L REPORT April 1, 1983 - September 30, 1983

	PROCEED TO PAGE 5
●.	Describe what methods are taken to minimize additional costs at extraordinary sites.
đ	Were additional costs associated with specimen collection at these sites?YesNo if yes, what was the total cost of collection at these extraordinary sites \$
	Total TDPs at extraordinary locations Total number of individuals tested at extraordinary sites
P	ease provide the following information about TESTING at extraordinary sites:
	Please describe 'extraordinary' locations.
1	Do any of your TDPs work at extraordinary locations? Yes X No {skip to Page 5}
	make special arrangements and/or incurs additional costs to collect a specimen.
4.	The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must
3.	On average, how many days between specimen collection and notification of testing results? 15 Calendar days
b.	Are there additional charges for confirmation tests if the specimen tests positive for more than one drug? YesXNo
2.2.	Indicate whether confirmation of all drugs which initially test positive within a single specimen is required? X. YesNo
	Separate pricing, i.e., individual fees charged for initial and confirmation tests.
	Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. X Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
1.	Specify contract pricing for: Laboratory services

AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1983 - September 30, 1993

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

The second secon				At the same	
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours.	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this item only)
				**********	*************************
s. Specimen collection	3364.68	94	35.80		
b. Laboratory Tests (flat !es)	1142.92	94	12.18		
s. Initial test					
L Confirmation test (list lee)					
Negative test					
. Positive test					
Quality control samples	287.88	6	47.98		
MRO (Res too)	1000.00				
Review of negatives					
Review of positives					
Other direct TESTING costs*	27.04	XXXXXXX	CONTROL OF	200000000000000000000000000000000000000	
Administrative TESTING costs*		NAME OF TAXABLE PARTY.	OCCUPANT OF THE PARTY OF THE PA		
m. Total costs (items a-L)					

If there is any office in your agency other than th	nat of the Program Coordinator that provides GENERAL
AGENCY-WIDE Drug Education, indicate the	e actual education costs or best estimates by the source of that education.
\$ (a) Personnel Office	\$(b) EAP
\$ (c) Other (please specify))

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1983 - September 30, 1993

Worksheets: Other Direct	Testing Costs (item 5)	and Administrative costs	(item 51)

Hom 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the lasting process and not part of the pricing of items \$a-j. Column (2) - If included in items \$a-j. indicate the item (a-j under the cost reference item (REF) column.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials			
Separate costs			
iii. Ber coding of samples			
DE CHARLES ALIANA (A SALESANIA)			
v. Handling costs for PENSONS EXECUTIONS are cancellations	27.04		
CONTRACTOR STATE OF THE STATE O			
vii. Applicant travel costs			
Service (1997) 1995 (1997) 1996 (1997) 1996 (1997)			
VIII.			
X			
CONTROL OF THE PROPERTY OF THE PARTY OF THE	27.04		

Hum & ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (1- ix') except ('vi').

Sum line items (i-ix) for Columns (i) and (3) and place in line items 'x' and 'xi' respectively.

·	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	8125.00		
E State Faithful costs			
iii. Staff travel costs			
v. Printing and mailing costs	"		
A SECURIOR OF OR ANY OWNER OF THE PROPERTY COORDINATOR		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
	1750.00		
viii.			
	· · · · · · · · · · · · · · · · · · ·		
x. TOTAL ADMINISTRATIVE COSTS (sum i - ix)	9875.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**************************************
zi. DRUG TESTING ADMINISTRATIVE COSTS:Here and Item	XXXXXXXXXXXX	COCOCCCCOCC	

PROCEED TO PAGE 5 Question 6

AGENCY Defense Contract Audit AgencSEMIANNUAL REPORT: April 1, 1983 - September 30, 1983

ł		NU	MBER OF PEI	RSONS BY THE						
BASIS FOR ADMINISTERING TESTS										
TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING				
	SUSPICION	ORUNSAFE	SELECTION			CUTSIDE	INSIDE	Reported as		
		PRACTICE				APPLICANT	APPLICANT			
							70.7			
94	0	0	0	0	0		0	0		
0	0	0	0	0	0	0	0	0		
1	0	0	1	0	0	0	0			
35555333	• • • • • • • • • • • • • • • • • • • •	********	********	**************************************	1000000			0.000		
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0										
Ö										
+										
	94 0 1 22.22.22 1 0 0 0 0 0	94 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL REASONABLE ACCIDENT OR UNSAFE PRACTICE	## PASIS FOR ADM TOTAL REASONABLE ACCIDENT RANDOM SUSPICION OR UNSAFE PRACTICE	### PASSIS FOR ADMINISTERING TE TOTAL REASONABLE SUSPICION OR UNSAFE PRACTICE PRACTICE PRACTICE	TOTAL REASONABLE SUBPICION OR UNSAFE SELECTION SELECTION SELECTION OR UNITEER FOLLOW-UP	TOTAL REASONABLE ACCIDENT CHUNSAFE PRACTICE PRACTICE	TOTAL REASONABLE ACCIDENT RANDOM VOLUNTEER FOLLOW-UP APPLICANT TESTING CUTSIDE INSIDE APPLICANT APPLICANT		

Part VI." FOLLOWUP ACTIONS

Flease provide the following information about follow-up actions during the reporting period for employees whose unnalysis was VERIFED POSITIVE, impered with the specimens, relused testing or to cooperate, or were otherwise found to have used, possessed or sold flegal drugs. Check all that apply.

1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION NUMBER OF EMPLOYEES:

	Older - Fight Montable (1964)
Referred to EAP	Individual tested positive at end of reporting period.
Required return to work followup tests	Additional actions will be included in future reports.
Detailed from TDP to nonsenstive position	
Permanent Rescuigrenent	
Refrement	
Resignation	
Other	
	PROPOSED TO THE TANK THE PROPOSED TO THE PROPO
Millian Reprimend	
Suspension less than 15 days	
Suspension 15 days or more	
indefinite auspension	
Demotion	
Remove/ennergies	

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION NUMBER OF EMPLOYEES:

Enforced Leave

		Part of the same	
PERCENT	SEPARATICAS		Approvision Consisting
Possession of drugatesting at work			
Conviction for a drug offense			
Cirect observation of drug use			
Rolleing urtratysis		-	
Spectmen tempering			
Tested positive for drug use: first finding			
Tested positive for drug user second finding			
Refused to cooperage			
Failure to successfully complete EAP			
Recommended counseling/seatment			
Other reasons			

FÉDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1983 - September 30, 1993

13:06

FEPORT DUE: JANUARY 14, 1994

Return signed and completed form to:

Joseph H. Auty II, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fishers Laine, Rm 9-A-53

Rockville, Maryland 20857

SAM-SADWP FAX (301) 443-2636 Direct phone inquires to: Ron Ametrong (301) 443-8780

Part I. General Information

Name Tite	PRIMARY LIAISON D. Dial-Alfred Personnel Management Specialist	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense	Х
Agency Address	Defense Nuclear Agency 6801 Telegraph Rd.	Public Health/Safety Other	
Telephone Report prep	City: Alex. State: Va Zip: 22310-3 (703)325 - 7593 FAX (703) 325 - 22310-3 (703) 325 - 22310-3	•	
Telephone	(⁷⁰³) ³²⁵ ⁷⁵⁹³ FAX (₇₀₃) ₃₂₅ – ed 12/17/93	6295	

Signature of Agency Head or Senior Policy Official

Director, Manpower Management and Personnel

Official Title

CONTROLINFORM	ATIC)N - I	FOR SAMHSA USE ONLY
AGENCY-ID			
DATE RECEIVED	1	/94	INITIALS
DATE ENTERED	1	/94	INITIALS
Date Plan Certified		1	,

CSMP 05/04/94 **27**03 325 6295 AGENCY Defense Nuclear Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993 Part II Status of Plan Implementation 1.a Indicate the statement which best describes the status of your plan certification during this reporting period. 1. Plan has not been submitted to HHS for approval (attach explanatory note) (Survey completed) 2. Plan has been submitted to HHS and reviews are in progress (Survey completed) X 3. Plan has been certified or agency is a Tier II (certification not required) 4. Other (Please attach description) b. Indicate the types of testing included in your plan (check all that apply). X 1. Reasonable suspicion $\frac{X}{\Delta}$ 2. Accident or unsafe practice $\frac{X}{\Delta}$ 5. Follow—up \underline{X} 3. Random selection X 4. Volunteer 6. Outside applicant 7. Inside applicant c. Was plan fully implemented (including all testing and non-testing components) during this reporting period? Yes (SKIP TO 3.4) ____ No 2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period? _Yes No b. Are any prerequisites to testing missing? ____Yes If yes, check all that apply. 60-day notice 30 - day notice Services of a certified laboratory Collection services Source for quality control specimens Services of a Medical Review Officer Other (Please specify) c. Are there restrictions or holds on one or more types of testing? Yes No (Skip to 3a) d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan. Status of testing (Check appropriate column(s) or specify other reason(s)) LABOR ENJOINED Fully pertial Other reasons not implemented implemented (PLEASE DESCRIBE) Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction. 3.2 Was any testing conducted during this period. X Yes

Other (Please describe)

Reason stated in questions 2b and/or 2d above No situation arose which called for testing

b. If no, what were the reasons?

{skip to Part III}

No

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Part III Operations Profil	6					
d. Shanan mandala Manda Karat						•
1. Please provide the following		elating to the	total number of:	5	75	575
a. Fuil—time equivalents (f	· (ES)	_ b. E.	O. 12564 Sensiti	ve positions5		c. TDPs
				(Number of	positions)	(Number of positions)
If your agency tested	this period	SECTION OF	ucotione 2-	4 4 2 2 4 2 4 2		
· year against tested	die period,	arswer qu	destions 2-4	, II not, go to	question 5.	
2. Percent of TDPs tested						
a. Per year according to yo	urulan 25	%	b 4	Actual this reportin	54	v
		,		-ouser aris reporter	ig heupg	70
3. According to your plan, wi	nat is the numb	er of times pe	r vear vour agen	cv takes random	samples? 12	
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4.a If your plan includes insid	le applicant tes	ting, which po	sitions are subje	ct to that insting?	•	
All Positions		AN TO	Ps	Some TDPs		•
b. If your plan includes out	ide applicant t	esting, which	positions are sut	iect to that testing	a?	
All Positions	<u>X</u>	All TDI	Ps	Some TDPs	•	
5. Enter the number of position	ns defined as s	ensitive by s	ection 7(d) of E.C	D. 12564 and the r	number of	
positions designated as TO	Ps.					
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ALTERANIES MAN				Number in	Number	1
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Number of:	Negative	Positive	Total	
Specimens	2	I	3	
Carrect responses	2	1	3	

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

X Agency MRO
Agency Primary Liaison

Part III Operations Profile	CONTINUED			
Has your agency adopted together (this does not inclu X No	ude riding another agenc	piggybacked another plan) so they's contract or if another agenc pecify which Agency plan)	nat the plans are ad ny performs the serv	ministered ices)?
). Specify the names of the o		mes of the agencies (1 b,2,3) the	at provide the drug	testing services:
	s. Caleation	b. Laboratory	a. MRO	d. Blind quality con
Contract with (specify)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXX
a. Private irm				
b. Public agency			PHS	
2. Riding snother agency	DoI/USPS	DôI/USPS		DoI/USPS
l inhouse				
X Types and effects of	drugs	•		
Leceived asiling on the e	enects of filegal drugs an	d/or other aspects of your Agen	cy's drug-free wor	kplace program?
. Indicate the topics covere	id in the employee dries	ercent of total employees 23 ducation program (check all th	/o	
Agency's substance	abuse policy, procedure	s and program	er ehhil):	
X Types and effects of	drugs	•		
X Symptoms of drug u	ise and effects on perform	nance and conduct		
X Relationship of the E				
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A Relevant realment, red. Check all the forms of edition of written X. Distribution of written X. Group discussions at a Has your agency develop and address illegal drug to b. During this reporting periodrug—free workplace proc. (1) Number of supervict. Indicate the topics covere Agency's substance at Types and effects of the X. Symptoms of drug us X. How to identify employ. X. Return of employee to d. Check all the forms of edition X. Distribution of written at Check all the forms of editions. Please provide the best est reached with its drug educ (a) Percent of employees	AP to the drug—testing prehabilitation, confidential lucation that apply: In material and presentations Ded a continuing training use by employees: X iod how many supervisor ogram? Discribed in the supervisory educations policy, procedured drugs and effects on perform oyees in need of assistant the EAP or workplace and follow—vication and training that material X Audio dimate of the percent of continuing that material X Audio dimate of the percent of continuing that material X audio dimate of the percent of continuing that material X audio dimate of the percent of continuing that material X audio dimate of the percent of continuing and and/or other aspects and and/or other aspects of X (b) X (c)	Audio or video programs X Special drug awareness pand education program for superior to the Agent of total supervisors 17 cational and training program (or and program conduct condu	ervisors to help their cy's % check all that apply) sup discussions and ars your agency has 0. 12564% es and new supervise workplace plan?	: I presentations : EVER

AGENCY Defense Nuclear Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile

1.	Specify contract pricing for:
	Lab cratory services
	X Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
	Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
	Separate pricing, i.e., individual fees charged for initial and confirmation tests.
2. a .	Indicate whether confirmation of all drugs which initially test positive within a single specimen is required? X Yes No
b.	Are there additional charges for confirmation tests if the specimen tests positive for more than one drug? Yes X No
).	On average, how many days between specimen collection and notification of testing results? 5Calendar days
	The tollowing questions are intended to identify extraordinary locations that are unique to your agency. The term "extraordinary" is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.
a.	Do any of your TDPs work at extraordinary locations? Yes X No {skip to Page 5}
	Please describe 'extraordinary' locations.
P]	ease provide the following information about TESTING at extraordinary sites:. Total TDPs at extraordinary locations
	Total number of individuals tested at extraordinary sites
đ.	Were additional costs associated with specimen collection at these sites?
	If yes, what was the total cost of collection at these extraordinary sites
●.	Describe what methods are taken to minimize additional costs at extraordinary sites.
	•

PROCEED TO PAGE 5

AGENCY Defense Nuclear Agency

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Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

		ļ	Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours.	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this item only)
BENNS CORTS	XXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
s. Specimen collection	\$1,110.12	29	1\$38.28		
b. Laboratory Tests (fist les)	309.76	32	9.68		
p. Initial last					
1. Continuation test (flat lee)					
. Negative test					
Positive test					
Quality control samples	108.23	(2)	35.60	(1) 37.03	
MRO (flet fee)	1,000.00		-3000		
Review of negatives					
Review of positives					
Other drept TESTING costs*	161.12	XXXXXXXX	XXXXXXXX	XXXXXXXX	
Administrative TESTING costs*	\$12,250.40	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	
m. Total costs (items a-L)	\$14,939.63	XXXXXXXXX	DOXXDOXXX	XXXXXXX	

If there is any office in	your agency other than i	that of the Program Co	cordinator that on	ovides GENERAL
AGENCY-WIDE Do	ug Education, indicate ti	ne actual education con	its or best estimat	es by the source of the education.
<u>*</u>	(a) Personnel Office	\$150.00	_ (b) EAP	•
\$	(c) Other (please speci	M		

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

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Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

Hem 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) - If included in items \$a - j, indicate the item (a - j) under the cost reference item ('REF') column.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials			Comments
L Shipping spets			
E. Bar coding of samples	*****		
Y Ejectoric transfer of test results	40.00		
v. Handling costs for rejected specimens or cancellations	\$2.50	32	\$80.00 mailing
Cost of adularation security panels			cost
vii. Applicant travel costs		 	
OTHER COSTS Please specify below):			
W. No Shows/Cancellations	\$13.52	1 4	
	\$13.32	(6)	\$81,12
X.	ass		
WILL TOTAL OTHER DIRECT COSTS (SURE L-x): Here and them SK			
WEST STATE OF THE			\$161.12

Ham 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (1-ix') except ('vi').

Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COSTALTAGE	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug - Testing Administrative Costs
i. Staff costs (salaries and benefits)	57,502	20%	11,500.40
Staff training costs			11,500.40
E. Staff Yavel costs			
N. Legal costs			
v. Printing and mailing costs	———	 	
VL Education program costs:Office of the Program Coordinator		***************************************	######################################
OTHER COSTS (Please specify below):		XXXXXXXXXXXXXXXX	
4			
VM. DoI/Staff Support	\$750	£1	
	3/30	flat fee	\$750
* TOTAL ADMINISTRATIVE COSTS (Sum i - ix)			
XI. DRUG TESTING ADMINISTRATIVE COSTS: User and it		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	[XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$12,250.40

PROCEED	TOF	AGE 5	Question	6
---------	-----	-------	----------	---

AGENCY Defense Nuclear Agency SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993

CSMP

Part V. Testing Results		NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS									
	TOTAL	TOTAL DELEGRACION CONTRACTOR CONT									
	1.0	SUSPICION		1	VOLUNIEER	FOLLOW-UP		CANT TESTING	3		
		1000	PRACTICE	SELECTION			OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as		
TOTAL PESTED	29			29							
Total refusing tests	0								 		
Total verified positive	0					· · · · · ·					
Perified positive for:	XXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**********	*******	alataiaatatata	~ 8000 Aut (2010)		
COCAINE							*****	~~~~			
MARILIANA AMPHETAMINES									 		
OPIATES		 	 								
PCP											
OTHERS		 	+								
. DISCIPLINARY AND NONDISCIPL LAMBER OF EMPLOYEES:	INAHY ACTION	s proposed.	AND/OR TAKE!	N BY TYPE OF A	ACTION						
NON DISCIPLINARY ACTIONS		10000000000000000000000000000000000000									
		NUMBER		ADDITIONAL CO	MIENTS						
eferred to EAP		NUMBER	Not Ap	ADOMONAL CO							
		NUMBER	Not Ap	ADOMECO plicable							
eferred to EAP equired return to work followup tests etailed from TDP to nonsensitive position		NUMBER	Not Ap								
eferred to EAP equired return to work followup tests withfed from TDP to nonsensitive position ermanent Resusignment		NUMBER	Not Ap								
eferred to EAP equired return to work followup tests etailed from TOP to nonsensive position ermanent Resssignment efferment		MUMBER	Not Ap								
eferred to EAP equired return to work followup tests etailed from TOP to nonsenstive position erranset Resssignment efferment esignation		MUMBER	Not Ap								
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ederred to EAP equired return to work followup tests etailed from TOP to nonsensitive position immenent Resssignment edirement				ADDITIONAL CO							
equired to EAP equired return to work followup tests tetaled from TOP to nonsenstive position threams Resssignment stignation ther DISCIPLINARY ACTIONS titlen Reprimend spension less than 15 days spension 15 days or more				ADDITIONAL CO	>#¥€NTS						
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edired to EAP equired return to work followup tests entitled from TOP to nonsensitive position emanent Reassignment efferement effere	TIONS BY TYPE	PROPOSED OF DISCIPLIN	TAKEN ARY ACTION OTHER	ADDITIONAL CO	MANUTE NAME OF THE PARTY OF THE						
edired to EAP equired return to work followup tests entitled from TOP to nonsensive position emersent Resssignment efferment ef	TIONS BY TYPE	PROPOSED OF DISCIPLIN	TAKEN ARY ACTION OTHER	ADDITIONAL CO	MANUTE NAME OF THE PARTY OF THE						
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edured to EAP equired return to work followup tests etalled from TOP to nonsensive position imment Resssignment effement edignation ther DISCIPLINARY ACTIONS littlen Reprimend spension less than 15 days spension 15 days or more delinite suspension imotion morel/separation forced Lesve REASONS FOR DISCIPLINARY ACTIONS WHERE OF EMPLOYEES: ASONS session of drugaseiting at work miction for a drug ofense ect observation of drug use lusing urinalysis scimen tempering ted positive for drug use: first finding ted positive for drug use: second finding ted positive for drug use: second finding ted positive for drug use: second finding	TIONS BY TYPE	PROPOSED OF DISCIPLIN	TAKEN ARY ACTION OTHER	ADDITIONAL CO	MANUTE NAME OF THE PARTY OF THE						
edured to EAP equired return to work followup tests e tailed from TOP to nonsensive position there is no nonsensive position there is no nonsensive position eduration files in the interest of the inte	TIONS BY TYPE	PROPOSED OF DISCIPLIN	TAKEN ARY ACTION OTHER	ADDITIONAL CO	MANUTE NAME OF THE PARTY OF THE						
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FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL PEPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

Return algned and completed form to: Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Flahers Lane, Rm 9-A-53

Rockville, Maryland 20857

SAMI-SAOWP FAX (301) 443-2638 Direct phone inquites 1673 Hori Armetrorio (201) 443-8780

Part I. General Information

Name	PRIMARY LIAISON PRIMARY AGENCY MISSION (SELECT ONE) TINA L. VALENCIK Law Enforcement/Drug Interdiction	
Title Agency	Human Resource Manager Defense Intelligence Agency National Security/Defense Public Health/Safety	Č
Address	3100 Clarendon Blvd. Other	
	City: Arlington State: VA Zip: 22201	
Telephone	(703) 284- 1337 FAX (703) 284 - 1144	Ī
Report pres	pared by: Tina L. Valencik	İ
Telephone Date Prepa	(703) 284-1337 FAX (703) 284 - 1144 ared 12/20/93	

26 JAN 1994

Signature of Agency Head or Senior Policy Official

6 NCYDefense Intellig	ence Ageno	SSEMI – AI	NNUAL REF	PORT Ap	ril 1, 1 99 3	- September 30, 1993
t.rt il Status of Plan Implen	nentation					
a indicate the statement which	n best describe	s the status	of your pla	n certific	ation duri	ng this reporting period.
1. Plan has not been s 2. Plan has been subm X 3. Plan has been certifi 4. Other (Please attach	ubmitted to HH nitted to HHS a led or agency i	IS for appro	val (attach	explana	tory note)	{Survey completed} {Survey completed}
b. Indicate the types of testing	included in yo	ur plan (che	ck all that a	pply).		
X 1. Reasonable suspicions 4. Volunteer	on <u>X</u> 2. A <u>X</u> 5. F	ocident or u	nsafe practi	ce <u>X</u>	3. Rand 6. Outs	dom selection ide applicant 7. Inside applicant
o. Was plan fully implemented X Yes (SKIP TO 3.a)	(including al) 1	esting and				
a Were all non-testing compo	onents of your	plan (e.g. E.	APs, trainin	g etc.) fu	lly implem	nented during this reporting period?
b. Are any prerequisites to test If yes, check all that apply. 60—day notice Services of a certified is Source for quality control Other (Please specify) c. Are there restrictions or hold d. For each type of testing, in columns under 'status of te	aboratory of specimens ds on one or n dicate the state esting for each	nore types ous of implent	30- Coll Server of testing?	iring the	reporting agency p	Yes No {Skip to 3a} period. Check the appropriate
	Status of test		proprise colur DINED	-		
	Fully Implemented	partial	luli	pertial	W	Other reasons not implemented (PLEASE DESCRIBE)
Reasonable suspicion				1		
Accident or unsate practice						
Random selection Volunteer	-			-	-	
Follow-up	 	-		 	 	
Outside applicant	+					
Inside applicant						
If you indicated that testing i.e., litigation (enjoined) or in how many employees are in the second s						
3.a Was any testing conducted	during this pe	riod.	X Yes	s (skip	to Part II	No

b. If no, what were the reasons?

GENCY Defense Intelligence AgencySEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

ert III Operations Prof	file				
Please provide the follows. Full-time equivalents	ring information relating to the (FTEs)	total number of:			
- 4-1140	(, , E) p. E.	O. 12564 Sensitiv	positions *	*	a trans
	(Number of positions)			ositions)	c. TDPs **
your agency tested	this period and				(Number of positions,
	i this period, answer qu	uestions 2-4,	if not, go to	question 5.	
Percent of TDPs tested					
a. Per year according to y	our plan _ * %	b. Ac	tual this reporting	gperiod * (%
According to your plan, v	what is the number of times pe				
If your plan includes ins All Positions	ide applicant testing, which po All TD reside applicant testing, which	ositions are subjec	t to that testing? ome TDPs ect to that testing	N/A	
Enter the number of posi- positions designated as 1	z yd evijienes as sensijve by s			number of	
ATEGORIES of Sensitive Positions Defined by E.O. 12564			Number in Sensitive Positions	Number Selected as TDPs	
. Designated by agency t	head as Special Sensitive,		FUSILUIIS	TUPS	4
≯itical – Sensitive, or Non	oritical - Sancitive			1	
FPM Chapter 731 or in ac	cordance with E.O. 10450)	•	*		
. Positions with access to	Classified Information			ALL	
. Presidential Appointees	Transmod midifficaci	****			_
	rs (5 USC 8331 (20)) (5 USC 84	01/17))*			4
. Other positions, as dete	ermined by the agency head:	01(17)]	Carrante Carra	COXXXXX	**
a. Law enforcement	The state of the s		270000000	1	
b. National security			*	ALL	-
o. Protection of life and p	ranariv				7
d. Public health or safety					4
					-
 Other (Please specify) The second citation is not 					
Indicate the types of drug X (a) Cocaine X (i	gs to be tested in accordance b) Marijuana X (c) Amphe	tamines X (d)	Opiates X (e) PCP	
	many blind quality control spe				16
	omposition (negative and posi				
Number-of:	Negative Positive	Total			
Specimens	13 3	16			
Correct responses	13 3	16			

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?

X Always ____ Sometimes ____ Never

who is reenable for maintaining these documents?

GENCY Defense Intelligence Agenc BEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

'art III Operations Profile	CONTINUED			
. Has your agency adopted an together (this does not includXNo	other agency's plan (plogyba	ntract or if another	agency performs the serv	ministered rices)?
. Specify the names of the con	tractors (1a) or the names of	the agencies (1b,2	2,3) that provide the drug	testing services:
	a Collection	b. Laboratory	a M80	d Dibd gudin cook
				VIOLEN DE LE CONTRACTION DE LE
a. Private irm				
b, Public agency	SEE	ATTACHED		
2. Riding snother agency				
3. Inhouse		J		l
(1) Number of employed of indicate the topics covered a Agency's substance s	fects of illegal drugs and/or of ses <u>40</u> (2) Percent in the employee drug educa abuse policy, procedures and	ther aspects of you of total employees ton program (che	ir Agency's drug-free wo	
y Relationship of the E	e and effects on performance AP to the drug—testing progra- shabilitation, confidentiality is: ucation that apply: material	um sues Audio or video pr	ograms reness promotions	
b. During this reporting per	use by employees: <u>x</u> Y iod how many supervisors re	'es No		nem identify
drug-free workplace pr	ogram?	t addatal ayan an dada	. * *	
(1) Number of superv	isors 15 (2) Percent ed in the supervisory education	t of total supervisor	corram (check all that app	olvi:
c. Indicate the topics covered X Agency's substance X Types and effects of	abuse policy, procedures an	d progam	(
x Symptoms of drug t	ise and effects on performant	e and conduct		
X How to identify emp	loyees in need of assistance			
v Role and operation	of the EAP			
y intervention and ref	erral to the EAP			
V Deturn of employee	to workplace and follow-up	_		
d. Check all the forms of a X Distribution of writte	n material Audio or	video programs	X Group discussions	
(m) mercent of employed		Percent of superv	15076 <u>90</u>	
on the effects of Hegel	X	Supervisors: Yes	No	
* Agency manning	or manning derived in	nformation/fi	gures are classif	ied.

Reference Part III, Question 9.

All technical support for drug testing is provided to DIA via a support agreement with the Public Health Service (PHS), PHS acquires the necessary support from the Department of Interior (DOI). DOI has contracts with JSA Healthcare Corporation (collections) and CompuChem Inc., (laboratory and blind quality control). PHS provides the MRO support. Accordingly, DIA has no contracts per se, but has completed the questionnaire based upon PHS derived information.

SENCY Defense Intelligence Agenc SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993
art IV Cost and Pricing Profile
Specify contract pricing for: Laboratory services
Full-service — NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. X Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
Separate pricing, i.e., individual fees charged for initial and confirmation tests.
indicate whether confirmation of all drugs which initially test positive within a single specimen is required? X Yes No
b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug? Yes X No
On average, how many days between specimen collection and notification of testing results? 14 Calendar days
The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen. a. Do any of your TDPs work at extraordinary locations?
Overseas
Please provide the following information about TESTING at extraordinary sites: b. * Total TDPs at extraordinary locations c. * Total number of individuals tested at extraordinary sites
d. Were additional costs associated with specimen collection at these sites? * Yes * No If yes, what was the total cost of collection at these extraordinary sites \$ * *
Describe what methods are taken to minimize additional costs at extraordinary sites. *
* We do not test at extraordinary locations.

PROCEED TO PAGE 5

GENCY Defense Intelligence AgencySEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

art IV Cost and Pricing Profile CONTINUED

DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Wo:hah eess on Page 6 for	other direct tes	ring and admir	istrative or	one Bater final to	otals in the table below)
10.11.11.11.11.11.11.11.11.11.11.11.11.1			HO'86.10	manu.ke.z	
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this Hernonly)
	Man harring				
Specimen collection	4.652.34		34.98		Based on primary collection region
Laboratory Tests (flat fee)	1.277.76	132	9.68		c & d included in lah fee
tritial test					
Confirmation test (Est fee)			<u> </u>		
Negative test					
Positive test	ļ				
Quality control samples	724.48	16	45.28	test	Includes Lab fee
MRO (fist fee)	690.00	6	115.00	hour	To review all tests
Review of negatives			1		
Review of positives					
Other direct TESTING costs*	5,132,04			************	
. Administrative TESTING costs*		MANUAL TO SERVICE SERV			
m. Total costs (items a-L)	12.476.62		XXXXXXXXX	(CONTROL CONTROL	

Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

á	If there is any office in your agency other than that of the Program Coordinator that provides GENERAL	
	AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.	
	\$(a) Personnel Office	
	\$ ** \$6.000.00 (c) Other (please specify) Training Office	

Linon completion of question 6:	If your agency tested this period, proceed to Page 7 Part V,
open complement of 1222	if not, proceed to Page 7 Part VI.

The number of employees participating in the EAP as a direct result of illegal drug use is negligible to none. Accordingly, the EAP budget is not portrayed as a part of the overall Drug Free Federal Workplace Program. The EAP was not created specifically to support the Drug Free Federal Workplace Program.

Expenditures for FY93.

ENCYDefense Intelligence Agensemiannual REPORT: April 1, 1993 - September 30, 1993

rt V. Testing Results					ISONS BY THE NISTERING TE				
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APR.	ICANT TESTING	
		SUSPICION	OR UNSAFE	SELECTION			CUTSIDE	INSIDE	Reported as
			PRACTICE	1			APPLICANT	APPLICANT	
			TI WOILDE				****	AFFUCANI	COMBINED
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	133	 	-	13	 	-	120	 	
tal refueing tests	0	 		0	 	ļ	0	 	
tal verified positive rified positive	0	ANAMAMINIO	XXXXXXXXX	0 	3787777777777	\$\$2050500000000000000000000000000000000	0	NO 101010171717171	
CAINE	annanna	<u> </u>	343666650	VIVA CONT	AND	NO COCCOCCO	MANAGE TO THE PARTY OF THE PART	NAMES AND ASSOCIATED	. 1. 10.0000000000000000000000000000000
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MHETAMINEB					-	-	ļ	-	
PIATES					1		 	 	
CP *LICOO		 -		 	 		<u> </u>	 	<u> </u>
THERS	_	<u>. </u>	 	ļ	 	-	 	 	
						 			
***************************************	XXX						/4/2/14/XX		SECTION OF
H VI FOLLOWUP ACTIO	NS	Please provid	te the following	information a	bout lallow-up	actions during	the reporting	period	M / A
employees whose urinalysis we	u VERIFIED PO	SITIVE, temper	ed with the spe	cimens, relus	ed lesting or to	cooperate, or w	ezierretto ener	found	N/A
have used, possessed or sold ill	legal drugs. Ci	eck all that app	ly.						
DISCIPLINARY AND NONDISCIP				FN BY TYPE C	F ACTION				
MBER OF EMPLOYEES:	LINANI ACIK	A43 FINOI COL						1040 UNIU-40 W. Z. S. S.	wareauth and a to the
System to tea		N. PAGEST		ADDITIONAL	CONTRACTS.				
		Ka Literatura kees		**********************					
elevied to EAP									
equired return to work followup tests									
e tailed from TDP to noneenstive post	tion								
Permanent Reessignment									
ledrement									
lealgnation		_							
ere eran kolenfia.	01540144134034	PATRICED	1383 F7773 1888	AD A SOMEONED BUTTONES			AND SOURCE AND		
Written Reprimend	ARCKE SHE STATE OF THE SECOND		SHOULD BE ALL IN FOR SEC	ADDITOR	ALCOHOLD THE	A section is the			118 com
		223 10 22 22	2016 H Laur. 14 192 63	ADDING	Atom bing				
		8833 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	2915 H.L1, 5822	Applica	Acomplie				
Suppension less than 15 days			3913 15		ng-out-line				
Suspension less than 15 days Suspension 15 days or more			2318 10-2-11-330	ADDITOR					
Suspension less than 15 days Suspension 15 days or more Indefinite suspension			2418 1.5.2.14 30.00	33 25.2J(G)	N4-5-XII-5-XII-86				
Suspension less than 15 days Suspension 15 days or more Indelfrite suspension Qemotion Remove/respension			23133 100-111 200	333 245.2J(GH	A8XII-XII &				
Suspension less tran 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation					AR-SAREARS				
Suspension less train 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Lawse 2. REASONS FOR DISCIPLINAR			SIPLINARY ACT	ion					
Suspension less than 15 days Suspension 15 days or more Indelinite suspension Demotion Removel/separation		TYPE OF DISC	IPLINARY ACT	ION					
Suspension less tran 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAF NUMBER OF EMPLOYEES:	TY ACTIONS BY		IPLINARY ACT	ION	ANG-SANG-ANG-B				3 (1880) 1990
Suspension less tran 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAF NUMBER OF EMPLOYEES: Possession of drugs/salting at work	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less tran 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAF NUMBER OF EMPLOYEES: Possession of drug shalling at work Conviction for a drug offerse	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less than 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAF NUMBER OF EMPLOYEES: Possession of drug alseing at work Conviction for a drug offerse Direct observation of drug use	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less than 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAT- NUMBER OF EMPLOYEES: Possession of drugs/sating at work Conviction for a drug offerse Discrete deservation of drug use Returned purplicité.	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less train 15 days Suspension 16 days or more Indelinite suspension Demotion Pernoval/separation Enforced Leave 2. REASONS FOR DISCIPLINAT NUMBER OF EMPLOYEES: Possession of drugstrating at work Conviction for a drug offerse Direct observation of drug use Return unityste Spectron tempering	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less train 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAT- NUMBER OF EMPLOYEES: Possession of drugs/setting at work Conviction for a drug offerse Direct observation of drug use Returning unmayer Spectmen tempering Tested positive for drug use: first if Tested positive for drug use: seco	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less tran 15 days Suspension 15 days or more Indelinite suspension Quemotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAT NUMBER OF EMPLOYEES: Possession of drugshalting at work Conviction for a drug offerse Direct observation of drug use Refusing untallysis Spectmen tempering Tested positive for drug use: seco Refused to cooparate	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less than 15 days Suspension 15 days or more Indelinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAF NUASSER OF EMPLOYEES: Possession of drugatesting at work Conviction for a drug otherse Direct observation of drug use: Refusing untrained Spectmen tempering Tested positive for drug use: first if Tested positive for drug use: seco Refused to scoparate Failure to Suspensiulty complete is	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					
Suspension less than 15 days Suspension 15 days or more Indelinite suspension Qermotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINAF NUMBER OF EMPLOYEES: Possession of drugs/sating at work Conviction for a drug offerse Direct observation of drug use Refusing untralysis Spectmen tempering Tested positive for drug use: seco Refused to cooperate	TY ACTIONS BY	TYPE OF DISC	IPLINARY ACT	ION					

MENCY <u>Defense Intelligence Age</u>nc SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

; 5-4-94; 9:44;

orksheets: Other Direct Testing Costs (Item 5k) and Administrative costs (Item 5l)

em 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) - If included in items 6a - j. indicate the liam (a - j) under the cost reference liam ('REF') column.

1000000
month
\$85/hr
.52
)

item 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items I-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (1-ix1) except (1/1).

Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

Sum all while (1-2) is determine (1) the 1)	(1)		(2)	(3)
COST CATEGORIES	Total Adminis	tatve	% Drug Testing	Drug-Testing Administrative Costs
		/A		
L Staff costs (salaries and benefits) L Shiff staining costs	N	/A		
A SAM TAINED DOTA	N	/A	1	
W. Start travel costs		/A		
A Conferm Constitution	-	/A		
v. Printing and mailing costs v. Printing and mailing costs conce of the Program Coordinators	N	/A	XXXXXXXXXXXX	TTOY TO THE STATE OF THE STATE
A CONTROL DI COMA MI DOS DE LA PROPERTIDA DE LA PROPERTID				
OTHER COSTS (Please specify below):				
	""			
YE	*			MILLIONNE ASTRONASTITI
	*	N/A	CHANGE COLUMN	
x. TOTAL ADMINISTRATIVE COSTS (Sum i- x) xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and its	Section 2	ANGLES OF STREET	VIII. (100 1100 1100 1100 1100 1100 1100 110	177
XI. DRUG TESTING ADMINISTRATIVE COSTS: Here and to	ш	رونون الرونون الا		
	444 (44 C) C (44 C)	A RESIDENCE OF THE PARTY OF THE	MAKE BY THE RECOVERY OF SECTION	

PROCEED TO PAGE 5 Question 6

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return signed and completed form to:

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA.

5600 Fighers Lane, Rm 9-A-53

Rockville, Maryland 20867

SAMHSADWP FAX (301) 443-2636 Direct phone inquires to: Ron.Armstrong (301) 443-6780

Part I. General Information

	PRIMARY LIAISON	PRIMARY AGENCY MISSION (SELECT ONE)	
Name	Carolyn M. Yeary	Law Enforcement/Drug Interdiction	
Tite	Drug Program Coordinator	National Security/Defense	Х
Agency	Secv Defense/Wash. Hdqtrs. Svcs.	Public Health/Safety	
Address	1725 Jefferson Davis Highway, Crystal	Other	
	Square 2, Crystal City, Suite 1301		
	City: Arlington State: VA Zip: 22202		
Telephone	(703) 607- 3430 FAX (703) 607-3464		
Report prep	ared by: Carolyn M. Yeary		
Telephone	(703) 607 3430 FAX (703) 607 -34	164	
	ed 1 / 10/ 94		

Cliste

Director, Washington Headquarters Services

Official Title

Signature of Agency Head or Senior Policy Official

CONTROLINFORM	ATION - POR SAMHSA USE ONLY
AGENCY-ID	
DATE RECEIVED	/ /94 INITIALS
DATE ENTERED	/ /94 INITIALS
Date Plan Certified	1 1

PAGE +

NA

b. If no, what were the reasons?

Other (Please describe)

Reason stated in questions 2b and/or 2d above No situation arose which called for testing

IGENCY	OSD/WHS
---------------	---------

 Please provide the following 					•	2720
a. Full-time equivalents (FT	Es) <u>4995</u>	b. E.O.	. 12564 Sens	itive positions 336	9	c. TDPs
				(Number of p	ositions)	(Number of positions)
f your agency tested t	his period, a	nswer que	estions 2-	-4, if not, go to	question 5.	
. Percent of TDPs tested						
a. Per year according to you For police officers		•	b	. Actual this reportin	g period $\frac{\cdot 12}{\cdot \cdot $	%
. According to your plan, wha		of times per	year your ag	ency takes random :	amples? None	specified.
.a. If your plan includes inside All Positions				bject to that testing? Some TDPs		
b. If your plan includes outsi	de applicant tes	ting, which p	ositions are :	subject to that testing	1?	
All Positions				Some TDPs		
. Enter the number of position positions designated as TDF		nsitive by sec	ction 7(d) of	E.O. 12564 and the r	number of	
				Number in	Number	7
CATEGORIES of Sensitive Pos	itions Defined b	y E.O. 12564		Sensitive	Selected as	
		,		Positions	TDPs	
1. Designated by agency hea		nsitiv e ,			1.0.0	1
Critical – Sensitive, or Noncriti				3369	3369	
(FPM Chapter 731 or in accor						
2. Positions with access to cla	ssified Informat	ion				1
3. Presidential Appointees				18	18	1
4. Law enforcement officers (5	5 USC 8331 (20))	(5 USC 8401	(17))*			1
5. Other positions, as determi	ned by the ager	cy head:		XXXXXXXXXXXX	XXXXXXXXXX	
a. Law enforcement					1	1
b. National security						1
c. Protection of life and prop	erty.			299	299	1
d. Public health or safety					(0	1
Other (Please specify)				60	60	1
The second citation is not incl	uded in E.O. 12	564.				٠
. Indicate the types of drugs to	he tested in acc	cordance with	Nour Agend	ev nlan		
					BCB	
Please specify others: (f)		(g)_		(h)		
a During this period how man	y blind quality o	ontrol specin	nens (QCs)	were submitted to th	e laboratory?	
b. Please indicate the compo	sition (negative	and positive)	of the QCs a	and the number of co	rrect responses	reported to the MRO.
lumber of:	Negative	Positive	Total			
pecimens	NA			*NO QCs proc	essed durin	g this reporting
orrect responses				period.		8 1-p-1-1
c. If there were unacceptable	blind QC result Sometimes	s, would the l	MRO investiç	gate and document a	all the results?	
d. If "always" or "sometimes", X Agency MRO	who is respons Agency F			documents?		

(a) Employees: Yes X No ___ (b) Supervisors: Yes X No ___

13. Does your agency provide an orientation pactage and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug—free workplace plan?

OSD/WHS	SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993
Cost and Pricing Profile	
Specify contract pricing for:	
aboratory services	(Annual of the charged for initial and confirmation tests.
NA Full-service - NO CEILII	NG (Combo), i.e., flat fee charged for initial and confirmation tests. NG (Combo), i.e., flat fee charged for initial and confirmation tests.
Separate pricing, i.e., indi	vidual fees charged for initial and confirmation tests.
	all drugs which initially test positive within a single specimen is required?
X_YesNo	
Are there additional charges for o	confirmation tests if the specimen tests positive for more than one drug?
Yes No X	
	ween specimen collection and notification of testing results?
On average, how many days bett	Ween specimen conscion and notice and of about 8 1000.
6_8 Calandar davs	
6-8 Calendar days	. ~
The following guartions are inten	nded to identify extraordinary locations that are unique to your agency.
The following questions are inten	nded to identify extraordinary locations that are unique to your agency. here to denote those locations/situations where your agency must
The following questions are inten	nded to identify extraordinary locations that are unique to your agency. here to denote those locations/situations where your agency must l/or incurs additional costs to collect a specimen.
The following questions are inten The term 'extraordinary' is used make special arrangements and	here to denote those locations/situations where your agency must /or incurs additional costs to collect a specimen.
The following questions are inten The term "extraordinary" is used make special arrangements and Do any of your TDPs work at ext	here to denote those locations/situations where your agency must you incurs additional costs to collect a specimen.
The following questions are inten The term 'extraordinary' is used make special arrangements and Do any of your TDPs work at extYesNo {sk}	here to denote those locations/situations where your agency must ly or incurs additional costs to collect a specimen. Transfer and transfer as the collect as pecimen. Transfer and transfer as the collect as pecimen.
The following questions are inten The term "extraordinary" is used make special arrangements and Do any of your TDPs work at ext	here to denote those locations/situations where your agency must ly or incurs additional costs to collect a specimen. Transfer and transfer as the collect as pecimen. Transfer and transfer as the collect as pecimen.
The following questions are inten The term 'extraordinary' is used make special arrangements and Do any of your TDPs work at ext Yes No {sk}	here to denote those locations/situations where your agency must ly or incurs additional costs to collect a specimen. Transfer and transfer as the collect as pecimen. Transfer and transfer as the collect as pecimen.
The following questions are inten The term "extraordinary" is used make special arrangements and Do any of your TDPs work at extYesNo {sk} Please describe "extraordinary"	here to denote those locations/studatons where your agency must liver incurs additional costs to collect a specimen. Fraordinary locations? Fip to Page 5} locations.
The following questions are inten The term 'extraordinary' is used make special arrangements and Do any of your TDPs work at extYesx_No {sk Please describe 'extraordinary'	here to denote those locations/stulations where your agency must ly or incurs additional costs to collect a specimen. Transformation about TESTING at extraordinary sites:
The following questions are inten The term 'extraordinary' is used make special arrangements and Do any of your TDPs work at extYesx_No {sk} Please describe 'extraordinary' Please provide the following the statement of the statemen	here to denote those locations/studions where your agency must ly or incurs additional costs to collect a specimen. Transfer and incurs additional costs to collect a specimen. Transfer and incurs additional costs to collect a specimen. Transfer and incurs additional costs to collect a specimen. Transfer and incurs additional costs to collect a specimen. Transfer and incurs additional costs to collect a specimen.
The following questions are inten The term 'extraordinary' is used make special arrangements and Do any of your TDPs work at extYesx_No {sk} Please describe 'extraordinary' Please provide the following the statement of the statemen	here to denote those locations/stulations where your agency must ly or incurs additional costs to collect a specimen. Transformation about TESTING at extraordinary sites:
The following questions are intentional that term "extraordinary" is used make special arrangements and to any of your TDPs work at extraordinary with the following provide the following the make provide the following the make provide the following the make provide the following the following the following the make provide the following the make special arrangements and the make special arrangements are special arrangements are special arrangements are special arrangements are special arrangements.	here to denote those locations/studatons where your agency must liver incurs additional costs to collect a specimen. Fraordinary locations? In property in the second in
The following questions are intentional that term 'extraordinary' is used make special arrangements and Do any of your TDPs work at extraordinary was No _{sk}. Please describe 'extraordinary'	here to denote those locations/studatons where your agency must liver incurs additional costs to collect a specimen. Traordinary locations? In property in the second in
The following questions are inten The term "extraordinary" is used make special arrangements and Do any of your TDPs work at extYesx_No {sk} Please describe "extraordinary" Please provide the follow bNA Total TDPs at ext c Total number of d. Were additional costs associat If yes, what was the total cost	here to denote those locations/studatons where your agency must liver incurs additional costs to collect a specimen. Traordinary locations? In ing information about TESTING at extraordinary sites: Traordinary locations individuals tested at extraordinary sites The with specimen collection at these sites? Yes No of collection at these extraordinary sites
The following questions are inten The term "extraordinary" is used make special arrangements and Do any of your TDPs work at extYesx_No {sk} Please describe "extraordinary" Please provide the follow bNA Total TDPs at ext c Total number of d. Were additional costs associat If yes, what was the total cost	here to denote those locations/studatons where your agency must liver incurs additional costs to collect a specimen. Traordinary locations? In property in the second in
The following questions are inten The term 'extraordinary' is used make special arrangements and Do any of your TDPs work at extYes	here to denote those locations/studatons where your agency must liver incurs additional costs to collect a specimen. Traordinary locations? In ing information about TESTING at extraordinary sites: Traordinary locations individuals tested at extraordinary sites The with specimen collection at these sites? Yes No of collection at these extraordinary sites

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AGENCY	OSD/WHS	

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.) Average Unit of Costs (e.g., hours, Total Total Cost per Additional Comments (for this item only) Costs Units years, per test) THEORY & COUNTY 21.00 96 a. Specimen collection Army Executive Agent b. Laboratory Tests (flat lee) Λ 0 a. Initial test d. Confirmation test (flat fee) Negative test Positive test

If there is any office in your agency other than that of the Program Coordinator that provides GENERAL							
AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.							
\$ NA (a) Personnel Office \$ (b) EAP							
\$ (c) Other (please specify)							

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

Army Executive Agent g. Quality control samples O T O Army Executive Agent h. MRO (fiat fee) I. Review of negatives j. Review of positives 148.00 k. Other direct TESTING costs* 24,463,00 XXXXXXXXXXXXXXXXXXXXXXXXX L. Administrative TESTING costs* m. Total costs (items a-L)

^{*}Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item

Item 5.k OTHER DIRECT TESTING COSTS

Column (1) – Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) – If included in items 5a-j, indicate the item (a-j) under the cost reference item ("REF") column.

	COSTS	ITEM REF	Campana
COST CATEGORIES	COSTS	IIEM HEF	Comments
L Specimen kits and other miscellaneous collection materials	2015.75		
L Shipping costs	148.00		
III. Bar coding of samples			
by Electronic transfer of test results			
v. Handling costs for rejected specimens or cancellations			
Cost of adulteration testing panels			
vii. Applicant travel costs			
OTHER COSTS (Please specify below):		-,	
viii.			
· ·			
X.			
WHI. TOTAL OTHER DIRECT COSTS (sum i-x):Here and item 5k			

Hem 5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi").

Sum line items (i – ix) for Columns (1) and (3) and place in line items x and x respectively.

	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug - Testing Administrative Costs
i. Staff costs (salaries and benefits)	45 750	50%	22,875
Staff training costs	i,500	45%	675
iii. Staff travel costs	1,500	45%	675
ly, Lagal costs	1,000	5%	50 :
v. Printing and mailing costs	250	75%	188
vi. Education program costs: Office of the Program Coordinator		XXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
OTHER COSTS (Please specify below):			
VIII.			
x TOTAL ADMINISTRATIVE COSTS (sum i - ix)	50,000	a terror de la companya de la compan	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and i	tem XXXXXXXXXXX	WXXXXXXXXXXX	24,463

PROCEED	TO	PAGE	5 Question	ß

Part V. Testing Results					RSONS BY THE				
				SIS FOR ADM	INISTERING TE		,		
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTELA	FOLLOW-UP		CANT TESTING	1
		SUSPICION	OR UNSAFE	SELECTION	1		OUTSIDE	INSIDE	Reported a
			PRACTICE				APPLICANT	APPLICANT	COMBINE
TOTAL TESTED	348	1	0	47	0	0			300
Total refuging tests	0	0	0	0	0	0			0
Notal verified positive	0	0	0	0	0	0			0
Verified positive for:	3833333333	XXXXXXXXX	XXXXXXX	XXXXXXX			XXXXXXXX	KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK	
COCAINE									
MARLUANA							ļ	ļ	ļ
AMPHETAMINES				ļ	ļ	-	 	 	}
OPIATES				 		 		 	
PCP				 	 	 			
OTHERS		 				 		 	
		 				 			
					•			<u> </u>	
Part VI. FOLLOWUP ACTIO	ONS	Please provide	the following	information at	out lallow-up	actions during	he reporting	oenod /avad	
for employees whose urinalysis w	es VERIFIED PO	SITIVE, tampered	with the spec	imans, reluse	d lesting or to c	cooperate, or w	ere o l'herwise	lound	
to have used, possessed or sold it	llegel drugs. Chi	ock all that apply.							
I. DISCIPLINARY AND NONDISCI	PLINARY ACTIO	NS PROPOSED A	ND/OR TAKE	N BY TYPE O	FACTION				
NUMBER OF EMPLOYEES:									
NON DESCRIPTIONS		NUMBER		ADDITIONAL	COMMENTS:				
Referred to EAP		0							
		 							
Required return to work followup tests		0							
Detailed from TDP to nonsenstive posit	ion	0	 						· · · · · · · · · · · · · · · · · · ·
Permanent Reassignment		10							
Referent		0							
Redignation		10							<u> </u>
Offer DISCIPLINARY ACTIONS		PROPOSED	TAKEN	ADDITIONAL	COMMENTS				
Wiltien Reprinand		0							
Suspension less than 15 days		0							
Suspension 15 days or more		0							
Indefinite auspension		 0							
Demotion		0		 					
Removal/separation •			 	 				****	
Enforced Leave		10	14 57 4 67 104	1					
2. REASONS FOR DISCIPLINARY	ACTIONS BY 1Y	PE OF DISCIPLI	VARY ACTION						
NUMBER OF EMPLOYEES:			OTHER						
REASONE		SEPARATIONS	ACTIONS	ADDITIONAL	COMMENTS				
Possession of drugs/selling at work		0							
Conviction for a drug offense		0							
Direct observation of drug use		<u> </u>		1					
Relusing urhalysis		8	ļ	1					
Specimen tempering				7					
Tested positive for drug use: first finding				 					~~~~
Texted positive for drug use: second fi	noing	 0 	 	 					·
Refusal to cooperate		0	 						
Failure to auccessfully complete EAP		0	1						
Recommended counseling/treatment			ļ						
Other reasons		0	1		·		-		





DEPARTMENT OF THE NAVY OFFICE OF THE ASSISTANT SECRETARY (MANPOWER AND RESERVE AFFAIRS) WASHINGTON, D.C. 20350-1000

OCPM

1 0 MAR 1994

MEMORANDUM FOR THE DEPUTY ASSISTANT SECRETARY OF DEFENSE (DRUG ENFORCEMENT POLICY)

Subj: SEMI-ANNUAL REPORT FOR THE CIVILIAN DRUG-FREE WORKPLACE PROGRAM - INFORMATION MEMORANDUM

TAB A is a copy of the Department of the Navy Federal Drug-Free Workplace Program (DFWP) Semi-Annual Report submitted to the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration for the period 1 April 1993 through 30 September 1993.

DOROTHY M. MELETZKE

Deputy Assistant Secretary of the Navy (Civilian Personnel

Policy/Equal Employment

Opportunity)

Copy to: AA/USN CMC (MPC-30) ONR (0124) OP-09B

TAB A - Semi-Annual Report for the Civilian DFWP

FAX TRANSMITTAL # of pages > /O

To John Heaphy Prone & 06 - 589/



DEPARTMENT OF THE NAVY
OFFICE OF THE ASSISTANT SECRETARY
(MANPOWER AND RESERVE AFFAIRS)
WASHINGTON, D.C. 20350-1809

1 0 MAR 1994

Joseph H. Autry III, M.D. Director, Division of Workplace Programs Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Room 9-A-53 Rockville, MD 20857

Dear Dr. Autry:

Enclosed is the Department of the Navy Federal Drug-Free Workplace Program Semi-Annual Report for the period April 1, 1993, through September 30, 1993. Please call Ms. Aver Pagan on (703) 696-5880 if you have questions regarding this report.

Sincerely,

DOROTHY M. MELETZKE
Deputy Assistant Secretary of the
Navy (Civilian Personnel
Policy/Equal Employment
Opportunity)

Enclosure

FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL REPORT FOR THE PERIOD April 1, 1993 - September 80, 1995

ENTITUE TRUSK (TRUS

Return dared and completed forth to: best HARYIL NO. Otractor, Otracor of Workship Programs 9500 Femero Lares, Res 8-4-62

Part I. Coneral Information

Name	PRIMARY LIAISON				PRIMARY AGENCY MISSION (SELECT ONE) LAW Enforcement/Drug Interdigion	
Tito	Ave' C. Pagan Employee Relat	ions Speciali	st	_	National Security/Defense	X
Agency	Department of	the Navy		_	Public Health/Safety Other	
Address	Arlington, VA			-		L
	City:		22203-		·	!
Telephone	(703)696 - 5880) 696	- 5338		
Report pres	pared by: Ave Cann	ady Pagan		_	••	
Telephone	() -	FAX (,)	₩		
Date Prepa	red 3/1/94					
4						

OCPM

Signature of Agency Head of Senior Policy Official

Deputy Assistant Secretary of the Navy (Civilian Personnel Policy/EEO)

Official Title

CONTROLINFORM	ATIC	ON - FOR SAMHSA USE ONI	Y-1
AGENCY-ID			1
DATE RECEIVED	1	/94 INITIALS	
DATE ENTERED	1	/94 INTTIALS	
Date Plan Certified		1 1	

OCPM

Part II Status of Plan Impl 1.a Indicate the statement wh		oes the status	of your pla	ın ogrtifi	cation du	ing this reportin	g period.	
1. Plan has not been 2. Plan has been su X 3. Plan has been ce X 4. Other (Piesse atta	n submitted to H bmitted to HHS rtified or agency	HS for appround the formal series of the formal ser	val (attach	n Biqxe	atory note	(Survey) (Survey)	completed)	
b. Indicate the types of testing	ng included in y	our plan (ohe	gk all that s	rbbia)				
								plicant
o. Was plan fully implement Yes (SKIP TO 3.a)	ed (including all	i festing and i No	non—testin(g comp	onents) di	uring this report	isg period?	
Were all non-testing com	ponents of your	r plan (e.g. E. le	APs, trainin	g ew.) fi	ully imple	mented during t	his reporting perio	d7
b. Are any prerequisites to to lifyes, check all that apply. 60—day notice Services of a certified Source for quality collising (Please specify)	i laboratory ntrol specimens			day not ection s rices of	ice ervides a Medical	Review Officer		.*
c. Are there restrictions or h		more types o	f testing?		X	Yes	No (Skip 10 34	<i>)</i>
d. For each type of testing,	Indicate the stat	tus of implem	entation du	ring the	reporting	j period. Check bish.	मान स्पृत्रावकाष्ट्रम	
d. For each type of testing, columns under 'status of	testing' for each	h type of testi Hing (Check app	ng included roprise solum	in (v) or en	regericy	pian. retpon(s))	the eppropriate	
d. For each type of testing, columns under 'status of	testing for each	h type of testi	ng included rophe ectum NED	In your	edly other	Plan. respon(s))		
d. For each type of testing, columns under 'status of	testing' for each	h type of testi Hing (Check app	ng included roprise solum	in your	edly other	Plan. respon(s))	not implemented	
columns under 'status of Reasonable suspicion	Status of less	h type of testi	ng included rophe ectum NED	d in your	edly other	other reasons	not implemented	
Reasonable suspicion Accident or unsale practice	Status of less	h type of testi	ng included rophe ectum NED	in your sport of the second of	edly other	other reasons	not implemented	
Reasonable suspicion Accident or unsale practice Random selection	Status of less	h type of testi	ng included rophe ectum NED	in your	edly other	other reasons	not implemented	
Reasonable suspicion Accident or unsale practice Random selection Volunteer Follow-up	Status of less	h type of testi	ng included rophe ectum NED	A LAP	edly other	other reasons	not implemented	
Reasonable suspicion Accident of unsale practice Random selection Volunteer	Status of less	h type of testi	ng included rophe ectum NED	in your	edly other	other reasons	not implemented	
Reasonable suspicion Accident or unsele practice Random selection Volunteer Follow-up Outside applicant Inside applicant e. tryou indicated that testing i.e., litigation (enjoined) or how many employees are lineal activitie	fusting for each Status of less Fully Implemented Junder your Egg labor negotiatio Impacted, and is are in vo	ency's plan wan, briefly des	as on hold or be below date for the asset of	partial X X X X X Y or restrict the nate removes negotian	r agency other of the following of the ration	Other (0880) (PLEASE DESCRIPTION of external cause delay, its cause astriction.	not implemented	
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant e. If you indicated that testing i.e., litigation (enjoined) or how many employees are Local activitie units Informa	fusting for each Status of tes Fully Implemented Junder your age labor negotiatio Impacted, and its are in value tion regard	parial ency's plan were projected arrives phone	as on hold or be below date for the manager of	A CONTRACTOR OF	cted for a	Other reasons (PLEASE DESS. In external cause delay, its cause destriction. as with bar impacted	not implemented	
Reasonable suspicion Accident or unsale practice Random selection Volunteer Follow-up Outside applicant Inside applicant Inside applicant i.e., litigation (enjoined) or how many employees are I ocal activitie	fusting for each Status of tes Fully Implemented Junder your age labor negotiatio Impacted, and its are in value tion regard	parial ency's plan were projected arrives phone	as on hold or be below date for the manager of	A CONTRACTOR OF	cted for a	Other reasons (PLEASE DESS. In external cause delay, its cause destriction. as with bar impacted	not implemented	
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant e. If you indicated that testing i.e., litigation (enjoined) or how many employees are Local activitie units Informa	sesting for each Status of the Fully Implemented Jundar your age labor negotatio Impacted, and to state in Validate of the	perilei ency's plan wen, briefly destricts phing the removal	as on hold or be below date for the manager of	A CONTRACTOR OF	ctac for a	Other reasons (PLEASE DESS. In external cause astriction. Is with bar impacted.	not implemented	

· 05/04/94 11:42 27 703 696 5338 00	РМ		2 005/0
AGENCY Dept of the Navy SEMI - ANNUAL REPO	ORT April 1, 1 993 - 8	Keptember 30, 19	0.8
Part III Operations Profile			
f. Please provide the following information relating to the total number of a. Full—Sine equivalents (FTEs) 278,236 b. E.O. 1264 Sens	st: httve positions _207 (Number of p	.566 ceiticus)	o. 10Ps 46.500 (Number of paintern)
If your agency tested this period, answer questions 2-	-4, If not, go to	question 6.	
•	. Actual this reporting		
3. According to your plan, what is the number of times per year your ag		emplest N/A	.
4.s. If your plan includes inside applicant testing, which positions are suitable. All TOPs b. If your plan includes outside applicant testing, which positions are suitable applicant testing. All Positions All TOPs	Some TDPs <u>X</u> subject to that testing	!?	
5. Enter the number of positions defined as sensitive by section 7(d) of positions designated as TDPs.	E.O. 12564 and the n	umber of	_
CATEGORIES of Se: ditive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected 48 TDPs	
Designated by agency head as Special Sensitive, Critical - Sensitive, or Noncritical - Sensitive	ė,		
(FPM Chapter 731 or in accordance with E.O. 10450)	191,815	15,222	1
2. Positions with access to classified Information	12.822	12,822	
3. Presidential Appointees	7	7	
4. Law enforcement officers (5 USC 8331 (20)) (5 USC 8401 (17))*	2,922	2,922	
5. Other positions, as determined by the agency head:		XXXXXXXX	
Law enforcement National security	4,753 5,105	2,500	
o. Protection of life and property	4,592	5,105 3,000	5 4
d. Public health or safety	54,902	14,597	
e. Other (Please specify)	1,250	1,250	
The second obtation is not included in E. Q. 12564. i. Indicate the types of drugs to be tested in accordance with your Agence X (a) Cocaine X (b) Marijuana X (c) Amphetamines X (c) Please specify others: (f) (g) 2. During this period how many blind quality control specimens (QCs) to b. Please tridicate the composition (negative and positive) of the QCs as Vumber of: Negative Positive Total Specimens LDU 40 200	d) Opiates <u>X (e) (</u> (h)	a laboratory? 2	
Correct responses 160 40 200			

Correct responses	160	40	200		
c. If there were unacceptsAways	ble blind QC resul	its, would the	e MRO investi	ate and document	all the results?
d. If 'always' or 'sometime Agency MRC		sible for mai Primary Llai	ntaining these son	documents?	

05/04/94

11:43

(a) Employees: Yes X No ____

OCPM

(b) Supervisors: Yes X No ____

OCPM **27**703 696 5338 05/04/94 11:43 SEMI - ANNUAL REPORT ADDI 1, 1993 - September 35, 1963 AGENCY Dept. of the Navy Part IV Cost and Pricing Profile 1. Specify contract pricing for: LECTRON MANDE X Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests. Full-service WITH CEILING (CL ibo), i.e., flat fee charged for initial and confirmation tests. Separate prioring, i.e., individual fees charged for initial and confirmation tests. 2.E. indiges whether confirmation of all drugs which initially test positive within a single specimen is required? __X_Y05 b. Are there additional charges for confirmation tasts if the specimen tasts positive for more than one drug? You On average, how many days between specimen collection and notification of testing results? 14 Celendar days 4. The following questions are intended to identify extraordinary locations that are unique to your againsy. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen. a. Do any of your TDPs work at extraordinary locations? (skip to Page 5) X Yes Please describe 'extraordinary' locations. Cuba, Iceland, Guan, Japan, Spain, Italy, Germany, United Kingdom Please provide the following information about TESTING at extraordinary sites & Total TDPs at extraordinary locations 373 Total number of individuals tested at extraordinary sites X Yōś d. Were additional costs associated with specimen collection at these sites? If yes, what was the total cost of collection at these extraordinary sites e. Describe what methods are taken to minimize additional costs at extraordinary sites. N/A

PROCEED TO PAGE 5

SEMI — ANNUAL REPORT April 1, 1983 - Saptember 30, 1993 AGENCY Dept. of the Navy

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS Please provide the following DAUG TESTING cost information or best estimates for this reporting period.

2703 696 5338

	Total	Total Unite	Averagh: Cost per Unit	Unit al.((e.g., he years, p	are.	Additional Comments (for this learn entry)
	XXXXXXXXX		MARKETO.		XXXXXX	
Bossimen collection	189,596	6,116	\$31	per	test	
Laboratory Tents (list (ee)	116,204	6,116	\$19	per	test.	
. Initial test	N/A					
L Confirmation test (fist fee)	N/A_					
Negative text	N/A					
Positive test	N/A					
. Quality control samples	9,700	200	\$48.50	per	sample	(purchase and processing)
MRO (first lee)	53,676	6,116				
Review of negatives			\$2.75		test	
Review of positives			\$150		hour	
Other direct TESTING costs*	107,679	XXXXXXXXXX	XXXXXXXX		X	
. Administrative TESTING costs*	621,867	XXXXXXXXXXX	COUXXXX	KXXXXX	X COMPA	
m. Total costs (items a-L)	729,546	XXXXXXXXXX		OXXXX	NEW PORT	

^{*}Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

Ğ.	If there is any office in your agency other than that of the Program Coordinator that provides GENERAL
	AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education
	\$ (a) Personnel Office \$(b) EAP
	s (c) Other (please specify)

N/A

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

AGENCY Dept. of the Navy

SEMI - ANNUAL REPORT April 1, 1995 - September 30, 1985

Worksheets: Other Direct Testing Costs (Item 51) and Administrative costs (Item 51)

Item 6.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the prising of hems directly Column (2) - If included in items 54 - j. Indicate the tam (a - j under the cost (aterence tem ('REF') column.

	remain 6 (2) 1	1 Acres and a
COSTS	ITEM REP	Commente
		4.4
6,599		
100,122		
		-
144		
814		
107 679		
107,079		
	6.599 100,122 144 814	6.599 100,122 144 814

Item 5.1 ADMINISTRATIVE COSTS of the DRUG -FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-bl.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (1-ix') except (11).

Sum line items (i-b) for Columns (i) and (3) and place in line items 'x' and 'xi' respectively.

	Total	%	Grug-Testing
COST CATEGORIES	Administrative Costs	Drug Testing	Administrative Costs
at the sale (articles and benefits)	1,884,132	32	596,058
Staff costs (salaries and benefits)	8,028	78	6,279
Shirt fining Conv	48,768	14	6,744
. Staff travel costs	5,000	100	5,000
	6,840	28	1,911
Printing and making costs Education program bosts Office of the Program Coordinator		XXXXXXXXXXXXX	
THE MONDY OF THE PARTY OF THE P			
OTHER COSTS (Please specify below):	9,691	60	3,073
	386		
I. Appeals			
	1,962,459	A CONTROL OF THE PROPERTY OF T	4 : 4 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
TOTAL ADMINISTRATIVE COSTS (Sum I - X)	1,302,439	MAKAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	621.867
L. TOTAL ADMINISTRATIVE COSTS BUSINESS. Here and its	HILANGONON		
The state of the s		1977	

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AGENCY Dept. of the Navy SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993

Part V. Testing Results	NUMBER OF PERSONS BY THE: BASIS FOR ADMINISTERING TESTS								
		DE LOGUEDI E	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING		
	TOTAL	REASONABLE SUSPICION	ORUNSAFE	SELECTION	MONTERN				Reported as
			PRACTICE				APPLICANT	APPLICANT	COMBINED
					50000000000000000000000000000000000000				

MAL IMPO	6,116	15	0	5,425	29	102			545
	3	0	0	3	0	0			0
motal refusing tests	78	15	0	45	0	14			4
Notal varified positive	2000000	XXXXXXXXX	YYY 6 6 6 6 6 7	**************	COOCOCCA	CXXXXXXXXX	X8.00.00 (13.0		4
Parified positive for:	30	10	_0	15	00_	5			
COCAME	33	1 2	0	15 22	8	5			4
MARIALANIA . AMPHETAMINĖS	9	1	0	4	0	4			Ļ
OPATES	3	1	0	2	0	0			ļ
PCP	3	1	0	2	0	0			ļ
OTHERS				-		-		 	
					-				
- Chicker Constitution			rosense mort fri sidential sid	***************	TOTAL SECTION SECTION	************	CONTRACTOR OF STREET	Consistence and the contract of the contract o	TO SELECTION SHEETS
I. DISCIPLINARY AND NONDISCIP NUMBER OF EMPLOYEES: 66	TRANTACTIC					rearrante de la constantina de la cons	rd/subschol/supress/subschol/s	***************************************	
		44350860086	e emperementation displaying to	VANAGO DE LA COMPANION DE LA C		e e se e e e e e e e e e e e e e e e e	TO CHARLEST PROPERTY.		
**NON THE CIPTINARY ACTIONS		NUMBER		*ADDITIONAL	comments :				
		NUMBER 53		*ADDITIONAL	COMMENTS				
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Referred to EAP Required return to want followup tests		53 12 21 3 0		Womody.	COMMENTS				
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